

P39746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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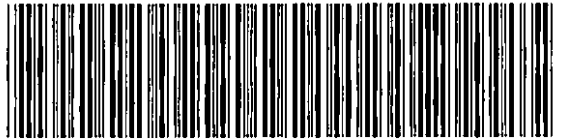
(Business Entity Name)

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DIVISION OF CORPORATIONS

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 8/3/18

NAME: NIKATE CORP

TYPE OF FILING: STATEMENT OF RESIGNATION

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

a Hodge

2018 AUG -3 PM 3:58
DIVISION OF CORPORATIONS
STATE OF FLORIDA

COVER LETTER

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 AUG - 3 PM 3:30

TO: Amendment Section
Division of Corporations

SUBJECT: NIKATE CORP.
(Name of Corporation)

DOCUMENT NUMBER: P39746

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

TRACEE COTTON
(Name of Person)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
(Name of Firm/Company)

16 COURT ST 14TH FLOOR
(Address)

BROOKLYN, NY 11241
(City/State and Zip Code)

For further information concerning this matter, please call:

TRACEE COTTON at (800) 221-2972 X1550
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

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DIVISION OF CORPORATIONS
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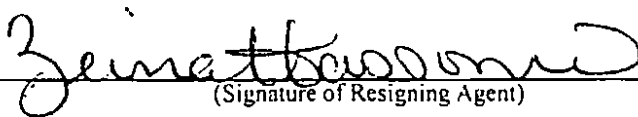
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for NIKATE CORP.
(Name of Corporation)

P39746
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

ZEINA HASSOUN
(Typed or Printed Name)

ASSISTANT SECRETARY
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314