# 40455

	(Requestor's Name)
_	(Address)
	(Address)
<del></del>	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
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	(Business Entity Name)
	(Document Number)
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FILED



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

\*\*

ACCOUNT NO. : 12000000195				
REFERENCE : 920126 8323810				
AUTHORIZATION : GRAN SEL MACO				
COST LIMIT: \$87.50 35.00				
ORDER DATE : August 3, 2023				
ORDER TIME : 10:56 AM				
ORDER NO. : 920126-005				
CUSTOMER NO: 8323810				
••••••				
ANNUAL REPORT FILING				
NAME: 936262 ONTARIO, INC.				
XX ANNUAL REPORT				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Eyliena Baker-EXT#				

EXAMINER'S INITIALS:

#### **COVER LETTER**

ion)
ation and fee are submitted for filing.
he following:
-
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-
-
927-9801 ) & Daytime Telephone Number)
& 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### **Mailing Address:**

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2). 607.1509. or 611	7.1509.	
Florida Statutes, the undersigned,	CORPORATION SERVICE COMPANY		
rishta Sanatesi the uncersigned,	(Name of Registered Agent)		_
hereby resigns as Registered Agen	936262 Ontario, Inc.		
neredy resigns as Registered Agen	(Name of Corporation)		<del>_</del>
P40455			
(Document Number, if known)			
A copy of this resignation was mai	iled to the above listed corporation at its last kn	iown addre:	šs.
The agency is terminated and the of this statement is filed.	Eyling Bolton  (Signature of Resigning Agent)	e on which	
If signing on behalf of an entity:			
BY EYLIENA BAK	KER	iALI TALI	9093
	(Typed or Printed Name)	AH A	= 1
		IAS	?
VICE PRESIDENT		33SS 72.4.1.	
	(Capacity)	PRIZE U	2 I

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- \$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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