# P94 0000 78758

(Re	questor's Name)			
(Add	dress)			
- (Add	dress)			
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RA Resignation

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#### **COVER LETTER**

The enclosed Resignation of Registered Please return all correspondence conce			
Joseph B. Ryan III, Esq.			
(Name of Person)			
Joseph B. Ryan III, P.A.			
(Name of Firm/Compa	any)		
8925 SW 148th Street, Suite 210			
(Address)		<del></del>	
Palmetto Bay, FL 33176			
(City/State and Zip Co	ode)	<del>-</del>	
For further information concerning this	matter, please ca	ıll:	191
Joseph B. Ryan III	305 at (	444-4949	92 AUN 61
(Name of Person)	(Area C	Code & Daytime Telephone Number)	σ =

#### **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 sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Joseph B. Ryan III, Esq.	
(Name of Registered Agent)	_
hereby resigns as Registered Agent for	
(Name of Corporation)	_
P94000078758	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known addres	S.
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:	
(Typed or Printed Name)  OV 26	SELECTARY OF SOLUTION
(Capacity)	OF STATES ORAT

### 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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