P95000015688

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.19.013.102.12)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: KAZI FOODS OF FLORIC		
(Name of Corporat DOCUMENT NUMBER: P95000015688	ion)	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for	filing.
Please return all correspondence concerning this matter to the	he following:	
Cori Ann Crosthwaite		
(Name of Person)	-	
Paracorp Incorporated		
(Name of Firm/Company)	-	
PO Box 160568		
(Address)	- - 	<u> </u>
Sacramento CA 95816		
(City/State and Zip Code)	·	
For further information concerning this matter, please call:	`` <u>`</u>	
Cori Ann Crosthwaite at 800	533-7272	ွဲ လ
	& Daytime Telephone Number)	<u> </u>

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



Nationwide Registered Agent Services

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	509,
Florida Statutes, the undersigned, Paracorp Incorporated	
(Name of Registered Agent)	
hereby resigns as Registered Agent for KAZI FOODS OF FLORIDA,	INC.
(Name of Corporation)	
P95000015688	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known. The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. Sham Oscar (Signature of Resigning Agent)	
If signing on behalf of an entity:	14 SE
Sharon Cooke	F II. 14 OCT 22 SECRETAR ALLAHVAR
(Typed or Printed Name)	(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
	(717)
Assistant Secretary	
(Capacity)	
	بہ ہو۔

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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