

PAY 0000 31858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

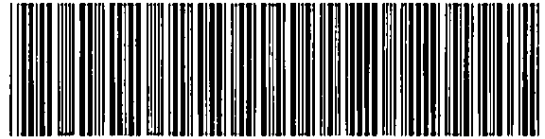
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300374155173

10/01/21--01029--010 **192.50

FILED
2021 OCT -1 PM 2:48
CLERK OF STATE
TALLAHASSEE, FL

CLERK OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FERRAS TIRES, INC.

(Name of Corporation)

DOCUMENT NUMBER: P95000031858

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:

GUILLERMO FERRAS

(Name of Person)

(Name of Firm/Company)

4373 NW 7TH STREET

(Address)

MIAMI, FLORIDA 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

GUILLERMO FERRAS

(Name of Person)

at (305 508-0201)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 607.0503(2), 617.0502(2), 607.1509, or 617.1509.

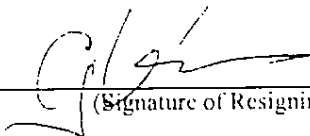
Florida Statutes, the undersigned, GUILLERMO FERRAS
(Name of Registered Agent)

hereby resigns as Registered Agent for FERRAS TIRES, INC.
(Name of Corporation)

P95000031858
(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:

GUILLERMO FERRAS
(Typed or Printed Name)

REGISTERED AGENT
(Capacity)

FILED
2021 OCT -1 PM 2:48
CLERK OF STATE
TALLAHASSEE, FL

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