P96000003337 Braverman and Dedrick Attorneys at Law

8751 W. Broward Blvd., Suite 206 Plantation, Florida 33324

City/State/Zip

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Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Amendment Photocopy Certificate of Status (Corporation Name) (Document #) (Amendment Photocopy Certificate of Status (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name)	(Corporation Name)	(Document #)	
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Mail out Will wait Photocopy Certificate of Status NEW FILINGS Profit Not for Profit Limited Liability Domestication Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal	. (Corporation Name)	(Document #)	 .
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☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Domestication ☐ Amendment ☐ Resignation of R.A., Officer/Director ☐ Change of Registered Agent ☐ Dissolution/Withdrawal	☐ Mail out ☐ Will wait	☐ Photocopy ☐ Certific	ate of Status
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OTHER FILINGS REGISTRATION/QUALIFICATION	OTHER FILINGS	REGISTRATION/QUALIFICAT	<u>ION</u>
☐ Annual Report ☐ Fictitious Name ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other ☐ Other		☐ Limited Partnership ☐ Reinstatement ☐ Trademark	

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ALLAHASSEE, FLORINA

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Michaelangelo Schiattarella (Name of registered agent)

hereby resigns as Registered Agent for Michaelangelo Corp.
(Name of corporation)

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.

X Michaelangelo Schiattarella
(Typed or Printed Name)

Directa
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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