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### **COVER LETTER**

TO: Amendment Section Division of Corporations	
Euro Ochialli Incorporated	
(Name of Corporat	ion)
DOCUMENT NUMBER: P96000019449	<u></u>
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Jane C. Rankin, Esq.	
(Name of Person)	-
Kubicki Draper	
(Name of Firm/Company)	-
1 East Broward Blvd., Suite 1600	
(Address)	-
Fort Lauderdale, FL 33301	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Jane C. Rankin, Esq. 954	713-2324 ) e & Daytime Telephone Number)
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

ons 607.0503(2), 617.0502(2), 607.1509, o	r 617.1509.	
Jane C. Rankin, Esq.		
(Name of Registered Agent)		<del></del>
for Euro Ochialli Incorporated		
(Name of Corporation)		
led to the above listed corporation at its la	st known addi	ress.
ffice discontinued on the 31st day after the	date on whice	:h
(Signature of Resigning Agent)		
	— Ž.a	2(
(Typed or Printed Name)		2020 FEB
	7-5 99.7	9-83
(Capacity)	e-e*	_
		A∰ 9:  7
	In an C. Rankin, Esq.  (Name of Registered Agent)  (Name of Corporation)  (Name of Corporation)  (Name of Corporation)  (It is a separate of Resigning Agent)  (Typed or Printed Name)	(Name of Registered Agent)  Euro Ochialli Incorporated  (Name of Corporation)  led to the above listed corporation at its last known additional defice discontinued on the 31st day after the date on which (Signature of Resigning Agent)  (Typed or Printed Name)

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation