

| (Re | questor's Name) | |
|---|--------------------|-------------|
| (Address) | | |
| (Ad | idress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
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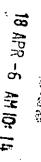


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COVER LETTER

TO: Amendment Section
Division of Corporations

PAUL & BROTHERS STUCCO, INC.

SUBJECT:

(Name of Corporation)

P96000085813

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:

(Name of Person)

(Name of Firm/Company)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

(Name of Person)

(Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| <u> </u> | 507.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|--|--|
| Florida Statutes, the undersigned, | ADIMIR MOROZOV |
| · | (Name of Registered Agent) |
| hereby resigns as Registered Agent for | PAUL & BROTHERS STUCCO, INC. |
| merce) reciging an iroginator on a special | (Name of Corporation) |
| P96000085813 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed t | to the above listed corporation at its last known address. |
| The agency is terminated and the office this statement is filed. | e discontinued on the 31st day after the date on which |
| VA | 1000 N |
| | Signature of Resigning Agent) |
| If signing on behalf of an entity: | ्रेट्ट २० । |
| or organized on a commercial control of | <u>်း</u> က် ျှ |
| | |
| | (Typed or Printed Name) |
| | |
| | |
| | |
| | (Canacity) |

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