

P97000023142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

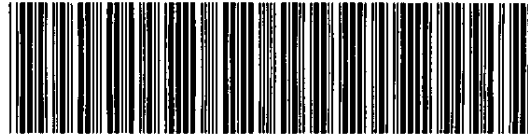
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100273034771

100273034771
05/19/15--01014--013 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAY 19 PM 3:28

MAY 26 2015

T CANNON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: T.V. TRADING, INC
(Name of Corporation)

DOCUMENT NUMBER: P 97000023 142

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:

LEIDA ARCILA
(Name of Person)

T.V. TRADING, INC
(Name of Firm/Company)

old T.V. Add:
1970 NW 129TH AV. #107
(Address)

MIAMI, FL 33182
(City/State and Zip Code)

PERSONAL:
LEIDA ARCILA:
P.O. BOX 162093
MIAMI, FL 33116

For further information concerning this matter, please call:

LEIDA ARCILA at () LEIDA.ARCILA@GMAIL.COM
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

15 MAY 19 PM 3: 28

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, LEIDA ARCELA

(Name of Registered Agent)

hereby resigns as Registered Agent for T.V. TRADING, INC.

(Name of Corporation)

P 970000 23 142

(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:

(Typed or Printed Name)

(Capacity)

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**