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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Abiel Corporation (Name of Corporation)		
DOCUMENT NUMBER:		
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:		
Mark S. Susaman (Name of Person)		
(Name of Firm/Company)  17001 NE 6 Ave.  (Address)	2023 FEB 24 AM 9: 30	T
Miami, FL 33162 (City/State and Zip Code)	9: 30	O
For further information concerning this matter, please call:		
Mark 5. Sussings at (305) 788-5562 (Area Code & Daytime Telephone Number)		
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an action \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation	ve corp n.	oration

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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Marke of Registered Agent)
hereby resigns as Registered Agent for Abil Corporation (Name of Corporation)
(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.
May Surgariant Signature of Resigning Agent)
(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Fee for filing this document: \$87.50 Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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