P98000055350

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	<u> </u>
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PICK-UP	MAIT	MAIL
/D:	ısiness Entity Name	<u> </u>
(50	isiness Entity Name	,
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filina Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FERRALI OF CENTRAL FLUE IDA /NC. (Name of Corporation) DOCUMENT NUMBER: P980000 55350
DOCUMENT NUMBER: P 98 0000 553 50
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:
MICHAEL V. ELSBERRY (Name of Person)
(Name of Firm/Company)
1521 HARRIS CIRCLE (Address)
WINTER PARK 2 32789 (City/State and Zip Code)
For further information concerning this matter, please call:
MICHAPLESBERRY at (407) 257-4233 (Area Code & Daytime Telephone Number)
(Name of reison) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 613	7.1509,
Florida Statutes, the undersigned, MICHAR V. ESBERRY (Name of Registered Agent)	
hereby resigns as Registered Agent for FRAN OF CENTRAL (Name of Corporation)	FORIDA, INC.
P 98 0000 55350 (Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	own address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of Resigning Agent) If signing on behalf of an entity:	e on which
(Typed or Printed Name)	
(Capacity)	2221377
· (Capacity)	. E
Fee for filing this document: \$87.50 - Active Corporation	12: 28

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/