

P98000076623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

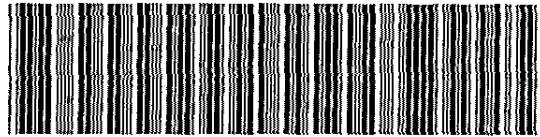
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300041164453

09/22/04--01020--009 **87.50

FILED
04 SEP 24 AM 11:51
SECRETARY OF STATE
TAMPA, FL 33602

P98000076623
OK RAR
9-24-04



DANIEL MEDINA, P.A.
ATTORNEY AT LAW

DANIEL MEDINA, LL. M.*

*FLORIDA BAR BOARD CERTIFIED
WILLS, TRUSTS & ESTATES

September 17, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

In re: Our matter #03-076, Kristy & Crovo, Inc.

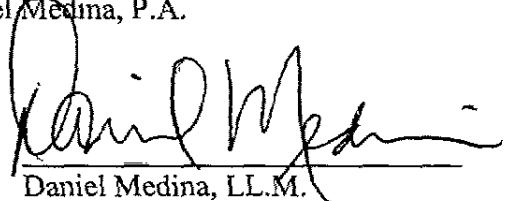
Dear Sir or Madam:

Enclosed you will find for filing a Resignation of Registered Agent for Corporation form and our check in the amount of eighty-seven dollars and fifty cents (\$87.50) for the filing fee. Please process recording of this form at your earliest convenience.

If you should have any questions about the above referenced matter please contact my office. Thank you for your assistance in this matter.

Sincerely,
Daniel Medina, P.A.

By:


Daniel Medina, LL.M.

DM/emh

Enclosures (as stated)

**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, Daniel Medina,
(Name of Registered Agent)

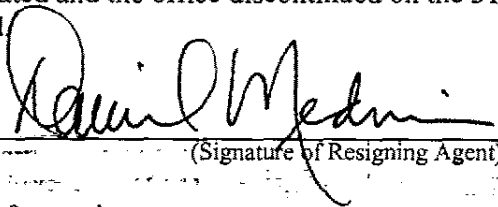
hereby resigns as Registered Agent for Kristy & Crovo, Inc.
(Name of Corporation)

P98000076623

(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:

Daniel Medina

(Typed or Printed Name)

President

(Capacity)

04 SEP 24 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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