Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000246286 3)))



H220002462863ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone Fax Number : (305)328-4774

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

<b>Email</b>	Address:					 		

## REGISTERED AGENT RESIGNATION ESQUIVEL & LEME, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

A. RAMSEY

JUL 25 2022

FILED

2022 JUL 22 PM 5: 06

## RESIGNATION OF REGISTERED AGENT

rustiant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, 617.1509,
Florida Statutes, the undersigned, RAUL ISQUIVEL
(Name of Registered Agent)
hereby resigns as Registered Agent for ESQUIVEL & LEME, INC.
(Name of Corporation)
P98000092164
(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.
(Signapoire of Resigning Agent)
If signing on behalf of an entity:
Raul Esquivel (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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
Taliahassee, FL 32314