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| (F | Requestor's Name) | |
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| <u>-</u> | | - |
| (A | Address) | |
| | Address) | |
| | | |
| (0 | City/State/Zip/Phone #) | - |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | Certificates of | Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| Division of Corporations | |
|--|--|
| SUBJECT: WIESE TRADING CO. OF | SW FLORIDA_ |
| (Name of Corporat | ion) |
| DOCUMENT NUMBER: P98000093055 | |
| The enclosed Resignation of Registered Agent for a Corpora | ation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the | he following: |
| Marena Loeffler | |
| (Name of Person) | • |
| Allure Accounting Inc. | |
| (Name of Firm/Company) | • |
| 3665 Bonita Beach Road. Suite 1-3 | |
| (Address) | • |
| Bonita Springs, FL 34134 | |
| (City/State and Zip Code) | - |
| For further information concerning this matter, please call: | |
| Marena Loeffler 239 | 9923355 & Daytime Telephone Number) |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT 2019 HAR -6 AM 11: 48 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ALLURE ACCOUNTING, INC

(Name of Registered Agent)

hereby resigns as Registered Agent for WIESE TRADING CO. OF SW FLORIDA

(Name of Corporation)

P98000093055

(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:

Marena Loeffler

(Typed or Printed Name)

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

(Capacity)