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(((H20000262918 3)))



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To:	
Division of Corporations	
Fax Number : (850)617-6380	
From:	
	~
Account Name : CARLTON FIELDS	- Fi
Account Number : 076077000355	
Phone : (813)223-7000	1
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T1	111
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*	re 🗩
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Email Address:	

REGISTERED AGENT RESIGNATION POSES & POSES, P.A.		
Certificate of Status	0	
Certified Copy	0	
age Count	01	
Estimated Charge	\$87.5	

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 6 7.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, _______CF REGISTERED AGENT, INC.

(Name of Registered Agent) POSES & POSES, P.A.

hereby resigns as Registered Agent for _____

(Name of Corporation)

P99000013765

(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.

Jan J. Bertalio			
(Signature of Resigning Agent)			
If signing on behalf of an entity:			
	• ** •	2020	
JOYCE F. BENTUBO			-77
(Typed or Printed Name)		UN I	spinetter
		រ	1
DIRECTOR/SECRETARY	•		ίΠ
(Capacity)		U	\Box
(Capacity)	-	ယ္	
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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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

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CR2E046 (12/19)