P99000045976

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	: #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
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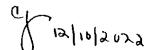


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COVER LETTER

TO:	Amendment Section Division of Comparations
	Division of Corporations
SUB	REAL SYSTEMS, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P99000045976
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
SANI	DY CEJAS
	(Name of Person)
REAL	SYSTEMS, INC.
	(Name of Firm/Company)
7500	NW 25 ST, #211
	(Address)
MIAN	II, FL 33122
	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
SANE	OY CEJAS 786 456-0929 at ()
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509,	or 617.1509.
Florida Statutes, the undersigned,	LESTTER REAL	
The management)	
hereby resigns as Registered Agen	REAL SYSTEMS, INC.	
neredy resigns as registered Agen	(Name of Corporation)	
P99000045976		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its la	ast known address.
The agency is terminated and the othis statement is filed.	office discontinued on the 31st day after th	ne date on which
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		202 SE T
		2022 SEP -6 SECRETARIA TALLARIA
	(Typed or Printed Name)	-6 PM
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
Tallahassee, FI. 32314