

Q 1200000000 46

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

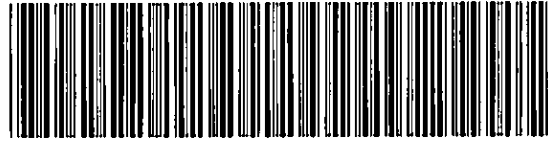
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DATE: 10/24/22

NAME: DEVELOPMENT FINANCE LIMITED

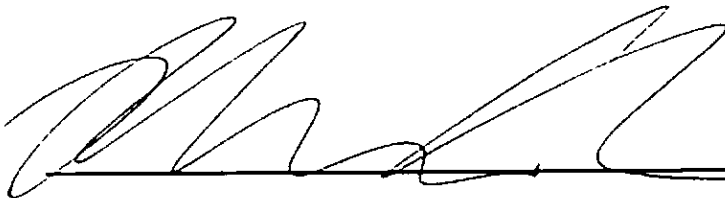
TYPE OF FILING: RESIGNATION OF RA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Development Finance Limited

(Name of Alien Business Organization)

DOCUMENT NUMBER: Q12000000046

The enclosed Resignation of Registered Agent for an Alien Business Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corenne Camacho-Medina

(Name of Person)

Development Finance Limited

(Name of Firm/Company)

10, Cipriani Blvd

(Address)

Port of Spain, Trinidad & Tobago

(City/State and Zip Code)

For further information concerning this matter, please call:

Corenne Camacho-Medina at (868) 625-0007 Ext 124

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for:

☐ \$87.50 Filing fee ☐ \$140.00 (\$87.50 Filing Fee and
\$52.50 for Certified Copy)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT
FOR AN ALIEN BUSINESS ORGANIZATION**

Pursuant to the provisions of section 607.0502(2) Florida Statutes,

the undersigned, REGISTERED AGENTS OF FLORIDA, LLC
(Name of Registered Agent)

hereby resigns as Registered Agent for DEVELOPMENT FINANCE LIMITED
(Name of Alien Business Organization)

Q12000000046

(Document Number, if known)

A copy of this resignation was mailed to the above listed alien business organization 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:

Charles J. Rennert

(Typed or Printed Name)

President

(Capacity)

**Filing Fee: \$87.50
Certified Copy: \$52.50**

**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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111 W. STEPH