Requester's Name Address	696	OO APR 20 PM 12: 44 TABLE AT ASSEE, FLORA
Aballí Milne Kalil & Garrigó, P.A. CORPORA CORPORA	ENT NUMBER(S), (if kn	ffice Use Only
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OTHER FILINGS ☐ Annual Report ☐ Fictitious Name	REGISTRATION/QUA Foreign Limited Partnership Reinstatement Trademark Other	

RESIGNATION OF REGISTERED AGENT



Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617. \$209,
Florida Statutes, the undersigned, _AM	KGS REGISTERED AGENTS INC. (Name of registered agent)
	(Name of registered agent)
hereby resigns as Registered Agent for	
	(Name of corporation)

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:

ARTURO J. ABALLI, JR.

(Typed or Printed Name)

PRESIDENT (Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314