# 538320

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·	J	
٠ ١٠		

Office Use Only



800432581618

57 18 21--01224--7 5 \*\*\*\*5.72

2024 JUL 10 PH 5: 43

JUL 24 ...

S. PRATHER

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: FIAFL HOLDINGS, INC.

(Name of Corporation)

DOCUMENT NUMBER: S38320

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

## SAIDA GALAN

(Name of Person)

# PARACORP INCORPORATED

(Name of Firm/Company)

PO BOX 160568

(Address)

### SACRAMENTO CA 95833

(City/State and Zip Code)

For further information concerning this matter, please call:

SAIDA GALAN

<sub>31</sub>,800 \533.727

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

#### **Mailing Address:**

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

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.	1509,
Florida Statutes, the undersigned,	PARACORP INCORPORATED	
_	(Name of Registered Agent)	
horoby recions as Registered Agen	t for FIAFL HOLDINGS, INC.	
nereby resigns as Registered Agen	(Name of Corporation)	<del></del>
S38320		
(Document Number, if known)		
A copy of this resignation was mai	iled to the above listed corporation at its last know	wn address.
The agency is terminated and the othis statement is filed.	office discontinued on the 31st day after the date	on which
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
ABIGALE PETERSON		2024
	(Typed or Printed Name)	7.H.
		ESS .
ASST, SECRE	TARY FOR PARACORP INCORPORATED	
	(Capacity)	2024 JUL 10 PH 5: 43

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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