544934

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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COVER LETTER

| TO: Amendment Section | |
|---|--|
| Division of Corporations | |
| POMBULL, INC. SUBJECT: | |
| (Name of Corpor | ation) |
| DOCUMENT NUMBER: S44934 | |
| The enclosed Resignation of Registered Agent for a Corpo | oration and fee are submitted for filing |
| Please return all correspondence concerning this matter to | the following: |
| Jeffrey A. Deutch | |
| (Name of Person) | <u> </u> |
| Nelson Mullins Riley & Scarborough LLP | |
| (Name of Firm/Company) | _ |
| 1905 NW Corporate Boulevard, Suite 310 | |
| (Address) | |
| Boca Raton, FL 33431 | |
| (City/State and Zip Code) | _ |
| For further information concerning this matter, please call | : |
| Jeffrey A. Deutch 561 at (| 343-6960 |
| (Name of Person) at (Area Coo | de & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

| rursuant to the provision | ons of sections 607.0503(2), 617.0502(2), 607.1509, | or 617.1509, | |
|--|--|-------------------------------------|--|
| Florida Statutes, the un | | | |
| | (Name of Registered Agent) | | |
| hereby resigns as Regis | tered Agent for POMBULL, INC. | | |
| , | (Name of Corporation) | | |
| S44934 | | | |
| (Document Numbe | r, if known) | | |
| A copy of this resignati | on was mailed to the above listed corporation at its l | ast known address. | |
| The agency is terminate this statement is filed. | ed and the office discontinued on the 31st day after the | he date on which | |
| | (Signature of Resigning Agent) | | |
| If signing on behalf of a | n entity: | 2024 TĂLL | |
| Jeffrey | Deutch | 2024 AUG 20 ZELAL DAR | |
| - | (Typed or Printed Name) | <u> </u> | |
| Partner | | PM 2: 53 OF STATE OF STATE OF STATE | |
| | (Capacity) | — DA 53 | |

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