V37251

(Requestor's Name)		
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	- #\
(Oity)	otate/Elp/1 Hone	: ")
PICK-UP	WAIT	MAIL
(Busin	ness Entity Nan	 ne)
(Doci	ıment Number)	
(3300)	ancik Namber	
Certified Copies	Certificates	of Status
Special Instructions to Fit	ling Officer:	
	J	

Office Use Only



400438744174

10/30/24--01025--011 **15.50

2024 OCT 30 PM 4: 36
SECRETARY OF STATE
TALLAHASSEE, FI

COVER LETTER

	iment Section on of Corporations		
SUBJECT: WE	ESTEX FLORIDA ENTERPRISES, INC	<u>;</u>	
30131.01	(Nam	e of Corporat	ion)
DOCUMENT	NUMBER: V37251		
The enclosed	Resignation of Registered Agent (or a Corpora	ation and fee are submitted for filing
Please return a	all correspondence concerning this	s matter to th	ne following:
Stephen Scruby			
	(Name of Person)	 .	-
Nelson Mullins			
	(Name of Firm/Company)		•
50 N. Laura St.,	Suite 4100		
	(Address)		•
Jacksonville, Flo	rida 32202		
	(City/State and Zip Code)		-
For further inf	ormation concerning this matter, j	please call:	
Stephen Scruby	at	904 (6653610
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2024 OCT 30 PM 4: 3

Harris (

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

·	607.0503(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned, Dani	iel B. Nunn, Jr.
	(Name of Registered Agency
hereby resigns as Registered Agent for	WESTEX FLORIDA ENTERPRISES, INC.
nerely resigna as registered regent for	(Name of Corporation)
V37251	
(Document Number, if known)	
A copy of this resignation was mailed	to the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which
(S	ignature of Resigning Agent)
If signing on behalf of an entity:	
Stapper	(Typed or Printed Name)
	M. H. Carrier
	(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withdrawn corporation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, FL 32314