

✓ 51842

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To:

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From:

Account Name : ISAAC MATZ P.A., C.P.A.
Account Number : I20040000029
Phone : (305)573-6640
Fax Number : (305)675-6200

REGISTERED AGENT RESIGNATION

FAROPER, INC.

Certificate of Status	1
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAROPER, INC.

(Name of Corporation)

DOCUMENT NUMBER: V51842

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:

AARON PEREDNIK

(Name of Person)

FAROPER, INC.

(Name of Firm/Company)

6770 STIRLING ROAD

(Address)

HOLLYWOOD FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

AARON PEREDNIK

(Name of Person)

at (954) 961-9928

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

Prepared By:

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