

V 61835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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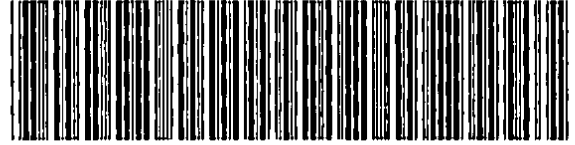
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
OFFICE OF COMMERCE  
ATTENTION: REGISTRAR

2020 MAY 26 AM 6:44

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JUN 15 2020  
S. YOUNG

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FOOD FANTASIES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** V61835

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:

James P. Craven  
\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

12940 SW 82 Avenue  
\_\_\_\_\_  
(Address)

Miami, FL 33156  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

James P. Craven at ( 305 ) 255-4683  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Michael W. Moskowitz  
(Name of Registered Agent)

hereby resigns as Registered Agent for Food Fantasies, Inc.  
(Name of Corporation)

V61835  
(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 discontinued on the 31st day after the date on which  
this statement is filed.

[Handwritten Signature]  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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2020 MAY 26 AM 6:44  
STATE OF FLORIDA  
DEPARTMENT OF STATE

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**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**