Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

(850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

Fax Number

: (512)418-6949 : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

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REGISTERED AGENT CHANGE NAARTJIE CUSTOM KIDS, INC.

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	_{вст:} Naartjie Custom Kids, Inc	
DOCU	(Name of Corporation) JMENT NUMBER: F09000002984	ion)
The en	closed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please	return all correspondence concerning this matter to t	he following:
Kat	e Seidita	
	(Name of Person)	-
C T	CORPORATION SYSTEM	
-	(Name of Firm/Company)	_
111	8th Avenue, 13th Floor	
	(Address)	
Nev	w York, New York 10011	
	(City/State and Zip Code)	-
For fur	ther information concerning this matter, please call:	
Kat	a. (894-8526 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

12122023573 From: Kimberly Laughrey
FR.EU
SECRETARY OF STATE
OIVISION OF CORPORATION

217 MAY -4 AM 3 49

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, C T CORPORATION SYSTEM
(Name of Registered Agent)
hereby resigns as Registered Agent for Naartjie Custom Kids, Inc.
(Name of Corporation)
F0900002984
(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.
(Signature of Resigning Agent)
If signing on behalf of an entity:
CT CORPORATION SYSTEM-Kate Seidita (Typed or Printed Name)
ASSISTANT SECRETARY
(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