# F1400005292

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/	Phone #)
	IT MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certif	icates of Status
Special Instructions to Filing Officer:	
Office Use Only	

1003950in 1003950in Nesignation U RA RECEIVED FALLAHASSEE, FLUML • A. RAMSEY

DEC - 6 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 098881 8323810 AUTHORIZATION : Julie Man COST LIMIT : \$ 35.00 ٠.

- ORDER DATE : November 3, 2022
- ORDER TIME : 9:22 AM
- ORDER NO. : 098881-020
- CUSTOMER NO: 8323810

RESIGNATION FILING

NAME: PRIMARIS HOLDINGS, INC.

XX RESIGNATION OF AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker-EXT#

EXAMINER'S INITIALS:

.

### **COVER LETTER**

TO: Amendment Section Division of Corporations

PRIMARIS HOLDINGS, INC.

(Name of Corporation)

DOCUMENT NUMBER: 14000005292

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:

**RESIGNATION DEPARTMENT** 

(Name of Person)

CORPORATION SERVICE COMPANY

(Name of Firm/Company)

251 LITTLE FALLS DRIVE

(Address)

WILMINGTON, DE 19808

(City/State and Zip Code)

For further information concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

# FILED

2022 DEC -6 AM 8:51

## **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. <u>CORPORATION SERVICE COMPANY</u> (Name of Registered Agent)

F14000005292

(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:

BY ALEXXIS WEILAND

(Typed or Printed Name)

ASSISTANT VICE PRESIDENT

(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