

NH000009011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

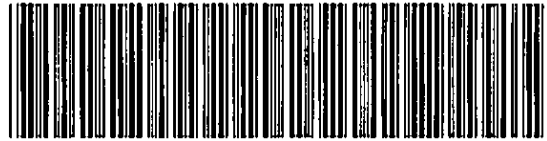
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2022 JAN 31 PM 12:41
SECRETARY OF STATE
TAUNTON, MA

COVER LETTER

TO: Amendment Section
Division of Corporations
Resignation Of RA Ellyse Trethric

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: NI4000009011 _____

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:

Ellyse Trethric

(Name of Person)

(Name of Firm/Company)

286 NE Grandue Ave

(Address)

Port Saint Lucie, FL 34983

(City/State and Zip Code)

For further information concerning this matter, please call:

Ellyse Trethric 772 3214065

(Name of Person) at (_____) _____
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2022 JAN 31 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Ellyse Trethric

(Name of Registered Agent)

LAM ADAPTIVE INC

hereby resigns as Registered Agent for

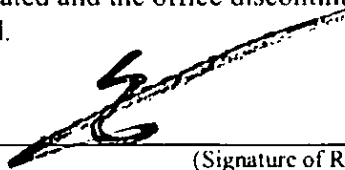
(Name of Corporation)

N14000009011

(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:

(Typed or Printed Name)

(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**