

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H180001712143)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

: (702)866-2500

Phone

Fax Number

: (702)866-2689

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

REGISTERED AGENT RESIGNATION 11420 CORP.

JUN 07 2018

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Estimated Charge	\$87.50

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Corporate Filing Menu

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COVER LETTER

TO: Amendmen Division of	Corporations	
SUBJECT: 1142	O CORP.	
	(Name of Corporation)	
DOCUMENT NU	MBER: P09000043474	_
The enclosed Resig	mation of Registered Agent for a Corporation and fee are submitted f	or filing
Please return all co	rrespondence concerning this matter to the following:	
	Wendy Hefley	
	(Name of Person)	
!n	corp Services, Inc.	
	(Name of Finn/Company)	
3773 Howard	Hughes Parkway, Suite 500S	
	(Address)	
Las V	egas, NV 89169-6014	
	(City/State and Zip Code)	
For further informs	tion concerning this matter, please call:	
Wendy Hefley fo	r Incorp Services, Inc. 702 866-2500 ext. 6904	ļ
(Na	ine of Person) (Area Code & Daytime Telephone Numbe	<u>r)</u>

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

H 1800017 12143

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	Incorp Services, Inc.	
Tierran e warren, sier anderen gried,	(Name of Registered Agent)	
hereby resigns as Registered Agen	at for 11420 CORP.	
	(Name of Corporation)	•
P09000043474		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its last known address.	•
this statement is filed	office discontinued on the 31st day after the date on which Corp Services, Inc.	
If signing on behalf of an entity:		
Wend	dy Hefley	18 JU
	(Typed or Printed Name)	, -
		9 1
Authorize	ed Representative on behalf of Incorp Services, Inc.	至广
	(Capacity)	D :
		cio.

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