822258

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400051807614

04/20/05--01029--003 **35.00

SCURCIARY OF STATE

R.A. Resignation

T BROWN MAY - 4 2005

TRANSMITTAL LETTER

	Division of Corporations
SUBJE	CT: ADLER SERVICES, INC.
	(Name of Corporation)
DOCU	MENT NUMBER: 822258
The enc	osed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please re	eturn all correspondence concerning this matter to the following:
MICH	AEL R. EMERY
	(Name of Person)
CARV	O & EMERY, P.A.
	(Name of Firm/Company)
ONE F	INANCIAL PLAZA, SUITE 2020
	(Address)
FORT	LAUDERDALE, FL 33394
	(City/State and Zip Code)
For furth	er information concerning this matter, please call:
MICHA	EL R. EMERY at (954) 524-4450
	EL R. EMERY at (954) 524-4450 (Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT OS APR 28 PAR CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509 F. F. OR Florida Statutes, the undersigned, MICHAEL R. EMERY
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, E. S.
Florida Statutes, the undersigned, MICHAEL R. EMERY (Name of Registered Agent)
nereby resigns as Registered Agent for ADLER SERVICES INC. (Name of Corporation)
822258
(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:
MICHAEL R. EMERY
(Typed or Printed Name)
REGISTERED AGENT
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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