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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : HENDRY, STONER & BROWN, P.A.

Account Number : I20000000241 Phone : (407)843-5880

Fax Number : (407)425-7905

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DEPARTHENT OF STATE

REGISTERED AGENT RESIGNATION

AQMI STRATEGY CORPORATION

Certificate of Status	0
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3/16/2009

Amendment Section

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TQ:

COVER LETTER

Division of Corporations		
SUBJECT: AQMI STRATEGY CORPORATION		
(Name of Corporation)		
DOCUMENT NUMBER: P04000145907		
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:		
G. STEVEN BROWN		
(Name of Person)		
HENDRY, STONER & BROWN, P.A.		
(Name of Firm/Company)		
20 N. ORANGE AVENUE, SUITE 600		
(Address)		
ORLANDO, FLORIDA 32801		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
G. STEVEN BROWN at (407) 843-5880 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.		
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		

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CR2E046(08/05)

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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,	HENDRY STONER CALANDRINO & BROWN, P.A.
·	(Name of Registered Agent)
hereby resigns as Registered Agent fo	AQMI STRATEGY CORPORATION
	(Name of Corporation)
P04000145907	
(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 official this statement is filed.	ce discontinued on the 31st day after the date on which
_ \	Jun Bun
(Signature of Resigning Agent)
If signing on behalf of an entity:	
G. STEVEN BR	OWN
Shaple	(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