PD8000001196

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100274603191

07/15/15--01004--023 **87.50

STATUL 15 PH 3: 1

RARES

JUL 1 6 2015 I ALBRITTON

COVER LETTER

Division of Corporations

SUBJECT: A & B Import Export, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P08000062196

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:

Robert Sadowski

(Name of Person)

A & B Import Export, Inc.

Amendment Section

(Name of Firm/Company)

305 S. Andrews Avenue #800

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Sadowski

TO:

__.,954- \524-342*1*

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150	09,	
Florida Statutes, the undersigned, Robert Sadowski		
(Name of Registered Agent)		_
hereby resigns as Registered Agent for A & B Import Export, Inc.		
(Name of Corporation)		
P08000062196		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known	address	S .
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	which	
Gobert Jadoculu (Signature of Resigning Agent)		
(Signature of Resigning Agent)		
If signing on behalf of an entity:		
a signing on contain of all thirty.		
(Typed or Printed Name)		
	ر ا	F.P.
	THE JUL 15	高约
(Capacity)	JI.	25
(Capachy)		्रक्षात्र । स्ट्रिक्टी च
		9 G
		43
Fee for filing this document:	<u>ښ</u>	
\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	-	2
#55.00 - Administratively dissolved/ voluntially dissolved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation