Requester's Name		
Address		··· _ •= ·
City/State/Zip Phone	# · · · · · · · · · · · · · · · · · · ·	·
CORPORATION NAME(S) & DOC	Office Use Only UMENT NUMBER(S), (if known):	
1(Corporation Name)	(Document #)	<u></u>
2		
(Corporation Name)	-08/1	1528847
3 (Corporation Name)	(Document #)	
4(Corporation Name)	(Document #)	* 10. <u></u> *
Walk in Pick up time Mail out Will wait	Certified Certificate Certificate	Copy e of Status
NEW FILINGS	AMENDMENTS	20 O
<ul> <li>Profit</li> <li>Not for Profit</li> <li>Limited Liability</li> <li>Domestication</li> <li>Other</li> </ul>	Amendment Resignation of R.A., Officer/Direct Change of Registered Agent Dissolution/Withdrawal Merger	FILED AUG IO PH 3: 50 ECRETARY OF STATE
OTHER FILINGS	<b>REGISTRATION/QUALIFICATIO</b>	
<ul> <li>Annual Report</li> <li>Fictitious Name</li> </ul>	<ul> <li>Foreign</li> <li>Limited Partnership</li> <li>Reinstatement</li> <li>Trademark</li> <li>Other</li> </ul>	··· · · · · · · · · · · · · · · · · ·

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SECRETARY OF STATE FALLAHASSEE, FLORIDA FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

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## **RESIGNATION OF REGISTERED AGENT**

	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Donold W. Ilgen
	(Name of registered agent)
hereby resigns as Registered Agent for	<u>A E H Equipment Repair Inc</u> (Name, of corporation)

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:

..... 🕷

Donald W. Ilgen

(Typed or Printed Name)

President

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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