548879

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ALSAY INCORPORATED (Name of Corporation)
DOCUMENT NUMBER: 14NKNOWN 548879
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:
H. L. PIPIN (Name of Person)
ALSAY TNCORPORATED (Name of Firm/Company)
1845 BAY RD. #3/6 (Address)
VERO BEACH FL. 32963 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (772) 234-1798 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 FOR A CORPORATION	O4 JAN 21
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.	A1509, 3 III
Florida Statutes, the undersigned, (Name of Registered Agent) hereby resigns as Registered Agent for (Name of Corporation)	000
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of Resigning Agent)	on which
If signing on behalf of an entity:	Yan
H, L, PIPPIN (Typed or Printed Name)	CUP
REGISTERED AGENT (Capacity)	•

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

withdrawn corporation

\$35.00}- Administratively dissolved/voluntarily dissolved/

Fee for filing this document: \$87.50 - Active corporation