F00000006647

(Requestor's Name)	-
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJI	ECT: ALEC, INC.		
		(Name of Corpo	oration)
DOCU	MENT NUMBER: F0000000	6647	
The en	closed Resignation of Registered.	Agent for a Corp	poration and fee are submitted for filing.
Please	return all correspondence concern	ning this matter t	o the following:
PHILI	IP V PATETE PHD		
	(Name of Person)	1185	
	, ,		
	(Name of Firm/Compan	v)	
	(r. vano er r. m. e e mpan,	,	
РО В	OX 880975		
	(Address)		
BOCA	A RATON, FL 33488		
	(City/State and Zip Code	e)	
For furt	ther information concerning this n	natter, please cal	1:
PHILIF	PATETE	at (561	450-5544
	(Name of Person)	(Area Co	ode & Daytime Telephone Number)

on or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.1509,	
Florida Statutes, the undersigned, PHILIP V PATETE PHD (Name of Registered Agent)	
hereby resigns as Registered Agent for ALEC, INC. (Name of Corporation)	
F0000006647	
(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. (Signsture of Resigning Agent)	2 T 4
If signing on behalf of an entity:	ू दू
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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