F030000512

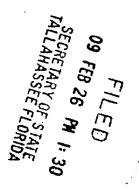
(Re	equestor's Name))
(Ad	ldress)	
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(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number	·)
Certified Copies	Certificate	es of Status
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Special Instructions to	Filing Officer:	
		

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COVER LETTER

TO:	Amendment Section Division of Corporations
	2.7. Sion of Corporations
SUBJI	ECT: American Air Specialists, Inc.
	(Name of Corporation)
DOCU	JMENT NUMBER: F03000000512
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filin
Please	return all correspondence concerning this matter to the following:
Vince	ent O. Bayles
VIII GC	(Name of Person)
	(Name of Person)
	(Name of Firm/Company)
8 Sha	arilyn Drive
	(Address)
Shali	mar, Florida 32579-1022
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
	mt O. Paulan
Vince	(Name of Person) at (850) 609-1820 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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.	1509,
Florida Statutes, the undersigned, K	Cevin Helmich, P.A.	
_	(Name of Registered Agent)	
hereby resigns as Registered Agent for	r American Air Specialists, Inc.	•
	(Name of Corporation)	,
F03000000512		
(Document Number, if known)		
A copy of this resignation was mailed	to the above listed corporation at its last known	wn address.
this statement is filed.	Signature of Resigning Agent)	on which
If signing on behalf of an entity:	•	09 I SECRI
	(Typed or Printed Name)	FILEL FEB 26 PA FETARY OF CHASSEE FL
-	(Capacity)	ORIA ORIA

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