

F03000003312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

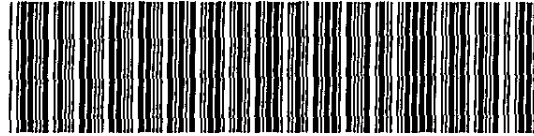
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900042141459

10/27/04--01007--014 \*\*87.50

FILED  
OCT 29 PM 4:37  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

F03000003312  
10-29-04 CM  
RATES

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Almased USA, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** F03000003312

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:

Karen E. Maller, Esq.

(Name of Person)

Powell, Carney, Gross, Maller & Ramsay, P.A.

(Name of Firm/Company)

One Progress Plaza, Suite 1210

(Address)

St. Petersburg, Florida 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen E. Maller

(Name of Person)

at ( 727 ) 898-9011

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Karen E. Maller, Esq.

(Name of Registered Agent)

hereby resigns as Registered Agent for Almased USA, Inc.

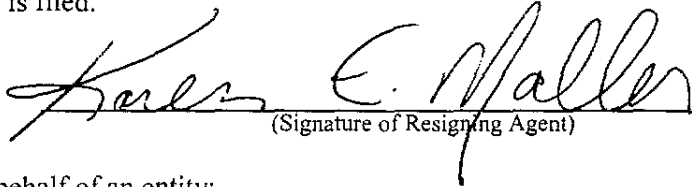
(Name of Corporation)

F03000003312

(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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

04 OCT 29 PM 4:37

FILED

**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