

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

; (850)617-6380

Account Name : INCORPORATING SERVICES FL

Account Number: I20050000052

Phone

: (302)531-0855

Fax Number : (850) 656-7953

R. WHITE Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

REGISTERED AGENT RESIGNATION AMERICAN LOCKSMITH SERVICES, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

H13000252769 3

COVER LETTER

	Division of Corporations
SUBJI	CCT: AMERICAN LOCKSMITH SERVICES, INC. (Name of Corporation)
	• • •
DOCU	MENT NUMBER: F11000003768
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Picase	return all correspondence concerning this matter to the following:
TUNI	SHA SCOTT
	(Name of Person)
INCC	PRPORATING SERVICES, LTD.
	(Name of Firm/Company)
3500	S. DUPONT HIGHWAY
	(Address)
DOV	ER, DE 19901
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
TUNI	SHA SCOTT at (302) 531-0855
	(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E046(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H13000252769 3

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,	NCORPORATING SERVICES, LTD.	
(Name of Registered Agent) hereby resigns as Registered Agent for AMERICAN LOCKSMITH SERVICES, INC.		
licitory resigns as registered Agent to	(Name of Corporation)	
F11000003768		
(Document Number, if known)	Amazina and and and and and and and and and a	
A copy of this resignation was mailed	to the above listed corporation at its last known address.	
The agency is terminated and the office this statement is filed.	ce discontinued on the 31st day after the date on which	
M	YM Kalla	
	Signature of Rosigning Agent) → □ □ □ □ □ □ □ □ □ □ □ □	
If signing on behalf of an entity:		
AMY M. BALKE	SSE 15	
	(Typed or Printed Name)	
Assistant Secret	gary 9: 35	
	(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