## F11000004548

(Reque	stor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busine	ess Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filin	ng Officer:	

Office Use Only



800236218838

06/15/12--01021--010 \*\*87.50

DIVISION OF CORPORATIONS
12 JUN 15 AM 9: 30

RA/RCS
0 4/18/12

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Anderson Hannant Incorporated
	(Name of Corporation)
DOCU	JMENT NUMBER: F11000004548
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Eliza	Tizabçıar
	(Name of Person)
	(Name of Firm/Company)
1718	North Palm Way
	(Address)
Lake	Worth, FL 33460
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Eliza	Tizabgar at (561) 307-4007  (Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation .00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amend Division Clifton 2661 E	Address: Idment Section In or of Corporations In Building: Executive Center Circle In assee, 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 6	507.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,El	iza Tizabgar
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Anderson Hannant Incorporated
notedy resigned as readily on a spent ter	(Name of Corporation)
F11000004548	
(Document Number, if known)	
A copy of this resignation was mailed to	to the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which
(\$	ignature of Resigning Agent)
If signing on behalf of an entity:	
N/A	
	(Typed or Printed Name)
5/61	Re Managle (SToke Closed) 5/1/2012
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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