

F15000003329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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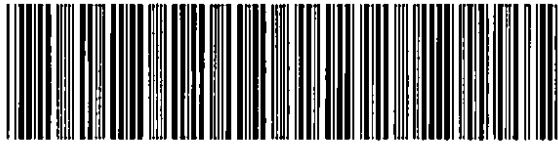
(Business Entity Name)

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RA Resignation

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**DATE: 12/22/17**

**NAME: AUGMENT USA, INCORPORATED**

**TYPE OF FILING: RESIGNATION OF REGISTERED AGENT**

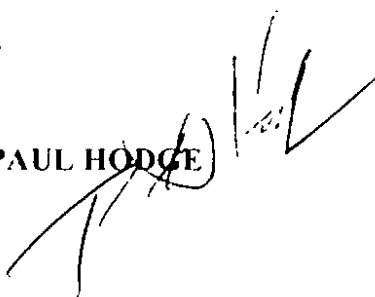
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Augment USA, Incorporated  
(Name of Corporation)

DOCUMENT NUMBER: F15000003329

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:

Registered Agent Division  
(Name of Person)

Corp 2000, Inc.  
(Name of Firm/Company)

720 14th Street  
(Address)

Sacramento, CA 95814  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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DIVISION OF CORPORATIONS  
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**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, Corp 2000, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for Augment USA, Incorporated

(Name of Corporation)

F15000003329

(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.

Kristy Teal

(Signature of Resigning Agent)

If signing on behalf of an entity:

Kristy Teal

(Typed or Printed Name)

Accounting Manager

(Capacity)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

17 DEC 22 AM 11:39

**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