## F16 0000004652

(Re	questor's Name)	
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	y/State/Zip/Phone	<u></u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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## **COVER LETTER**

Division of Corporations	
SUBJECT: ALPHA/OMEGA BUILD	ING CONSULTING CORP.
`	lame of Corporation)
DOCUMENT NUMBER: F160000046	352
The enclosed Resignation of Registered Age	ent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
ATTN: Agent Resignation Team	
(Name of Person)	
Capitol Corporate Services, Inc.	
(Name of Firm/Company)	
PO Box 1831	
(Address)	
Austin, TX 78767	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Agent Resignation Team	at ( 800 ) 345-4647
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Flo or \$35.00 for an administratively dissolved.	rida Department of State for \$87.50 for an active corporation voluntarily dissolved or withdrawn corporation.
Mailing Address:	Street Address:

Mailing Address:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned.	Capitol Corporate Services, Inc.	
hereby resigns as Registered Agen	iname of Registered Agenti	
ALPHA/OMEGA BUILDING	CONSULTING CORP.	
F16000004652	(Name of Corporation)	
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its last known address.	
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the date on which	
<del></del>	(Signature of Designing Agent)	
If signing on behalf of an entity:		
	Jason Fischer	
	(Typed or Printed Name)	
	· man	
	Assistant Secretary	
	(Capacity)	
	·· 50	

Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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