

# FI9 000000892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

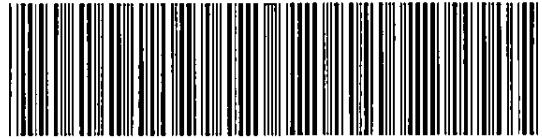
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
APR 26 2024

Office Use Only



500428437355

FILED

2024 APR 25 AM 11:05

CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

RECEIVED

2024 APR 25 PM 3:37

CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 04/25/24  
Order #: 1488504-6  
Re: ASAP Inc.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation

Amount to be deducted from our State Account: \$85.0 - FL State Account Number:

I20000000195

AUTH

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the text "I20000000195" and "AUTH".

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
2024 APR 25 AM 11:05  
STATE

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY

(Name of Registered Agent)

hereby resigns as Registered Agent for ASAP Inc.

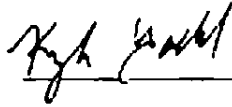
(Name of Corporation)

F19000000892

(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:

BY KYLE TODD

(Typed or Printed Name)

VICE PRESIDENT

(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**

**CSC AGRES-5935**