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 Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : OLDER LUNDY & ALVAREZ
 Account Number : I20190000084
 Phone : (813)254-8998
 Fax Number : (813)839-4411

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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Email Address: JMurphy@OLALaw.com

**REGISTERED AGENT RESIGNATION
 AFRICAN CONTRACT SOLUTIONS, INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$87.50

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AFRICAN CONTRACT SOLUTIONS, INC.

(Name of Corporation)

DOCUMENT NUMBER: F19000002150

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:

Jennifer Murphy, Esq.

(Name of Person)

Older Lundy Alvarez & Koch

(Name of Firm/Company)

1000 W. Cass Street

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Egor Ruzhin at (813) 254-8998

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, Christopher Sturm

(Name of Registered Agent)

hereby resigns as Registered Agent for African Contract Solutions, Inc.

(Name of Corporation)

F19000002150

(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:

(Typed or Printed Name)

Capacity

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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