Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

REGISTERED AGENT RESIGNATION POWERPLANT MAINTENANCE SPECIALISTS, INC.

Certificate of Status	0
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Page Count	03
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Electronic Fing Other Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Powerplant Maintenance Specialists, Inc.
(Name of Corporation)
DOCUMENT NUMBER: F98000002261
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:
Theresa Alfieri
(Name of Person)
C T CORPORATION SYSTEM
(Name of Firm/Company)
111 8th Avenue, 13th Floor
(Address)
New York, New York 10011
(City/State and Zip Code)
For further information concerning this matter, please call:
Theresa Alfieri212 \894-8516

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

(Area Code & Daytime Telephone Number)

Street Address: Amendment Section Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Name of Person)

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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
,,,,	(Name of Registered Agent)	
hereby resigns as Registered Agent	for Powerplant Maintenance Specia	lists, Inc.
• • •	(Name of Corporation)	
F98000002261		
(Document Number, if known)		
A copy of this resignation was mai	led to the above listed corporation at its last kno	wn address.
The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after the date	on which
:	(Signature of Resigning Agent)	
If signing on behalf of an entity:		16 FB
CT CORPO	RATION SYSTEM-Theresa Alfieri	FEB 29
;	(Typed or Printed Name)	PH
ASSISTAN	T SECRETARY	2008 31.7 9:0
·	(Capacity)	徳田 る

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