G84420

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 FEB 24 PH 4: 32 SECRETARY OF STATE

Ra Rosignation

MAY 3 0 2023

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COVER LETTER

	& Daytime Telephone Number)	
Gary Sarabia 813 at (948-2274	
For further information concerning this matter, please call:	11 m 12 m 17 m	ED PH 4: 32
(City/State and Zip Code)		五 計
Lutz, FL 33549	ANC SERVICE	7 7
(Address)		
152 Whitaker Road	AC CONTRACTOR	F II 2023 FEB 24
(Name of Firm/Company)	-	
Gary Sarabia, CPA		
(Name of Person)		
Gary Sarabia	_	
Please return all correspondence concerning this matter to t	he following:	
		mug.
The enclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for	filing
DOCUMENT NUMBER: G84420		
(Name of Corporat	tion)	
AIRSCAN, INC. SUBJECT:		
Division of Corporations		
TO: Amendment Section		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Gary Sarabia
	(Name of Registered Agent)
hereby resigns as Registered Agen	AIRSCAN, INC.
neredy resigns as registered rigen	(Name of Corporation)
G84420	
(Document Number, if known)	
A copy of this resignation was mai	iled to the above listed corporation at its last known address.
The agency is terminated and the orthis statement is filed.	office discontinued on the 31st day after the date on which
/	(Signature of Resigning Agent)
If signing on behalf of an entity:	FEB 24 ALL CHAS
	(Typed or Printed Name)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)