## J66223

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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: All Pro Sports Camps Inc. (Name of Corporation)
DOC	CUMENT NUMBER:
The e	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
	Brian A. Burden, Esq. (Name of Person)
	Brian A. Burden, PA (Name of Firm/Company)
	P.O. Box 767
	(Address)
	Tampa, FL 33601-0767
<del>,</del>	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Brian	at (813) 254-7474 (Name of Person) (Area Code & Daytime Telephone Number)
Enclo or \$3	osed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amer Divis P.O. 1	ing Address: Indiment Section Identify S

## 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, <u>John R. Bichsel</u> (Name of Registered Agent)
hereby resigns as Registered Agent for All Pro Sports Camps Inc. (Name of Corporation)
J66223 (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)  (Typed or Printed Name)  FLORIDA
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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