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COVER LETTER

SUBJECT: Ch	ris Drake			
Name of Lin	nited Liabili	y Company	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DOCUMENT NUMBER:	L0000	00492		, ,
The enclosed Resignation of Registered Agent for filing.	for a Limit	ed Liability	Company and	fee are submitted
Please return all correspondence concerning this	s matter to	the follow	ing:	
Chris Drake				
Name of Person				
A2P Holdings, LLC				•
Name of Firm/Company				
58 Deer Road Address		_		
Address				
Frostproof FL 33843 City/State and Zip Code				
City/State and Zip Code				
chris@austin2paris.com E-mail address: (to be used for future annual report				
E-mail address: (to be used for future annual report	t notification)			•
For further information concerning this matter,	please call	:		
Chris Drake at	(407)	342-2535	
Name of Person		e & Daytin	ne Telephone Nur	nber

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,				
	Iredale G. Douglas	, hereby resigns as		
	Name of Registered Agent	,		
Registered Agent for _	A2	P Holdings,LLC		
	Name of Limited Liability	Company		
	000000 492			
	•			
A copy of this resignati	on was mailed to the above listed l	imited liability company at its last known address.		
The agency is terminate	Myten	ne 31st day after the date on which this statement is filed.		
If signing on behalf of	an entity:			
	Typed or Printed	Name		
	Capacity			

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314