

LD9000039607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

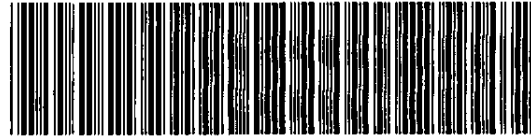
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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NA Resign  
Towers  
12-16-10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AAH Boy Distributors  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L090000391007

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BeneField Jones  
Name of Person

AAH Boy Distributors  
Name of Firm/Company

1163 Mcken Dr  
Address

WRB FL 33406  
City/State and Zip Code

creators touch 2@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BeneField Jones at (561) 641 4152  
Name of Person Area Code & Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
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,

Kiesha Jones, hereby resigns as  
Name of Registered Agent

Registered Agent for AAH Bay Distributors

Name of Limited Liability Company

1090000039607  
Document Number, if known

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TALLAHASSEE, FLORIDA

A copy of this resignation was mailed to the above listed limited liability company 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.

Kiesha Jones  
Signature of Resigning Agent

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**