## L 34995

(R	equestor's Name)					
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(0	ity/State/Zip/Phone #	)				
PICK-UP	☐ WAIT	MAIL				
(B	usiness Entity Name	)				
(Document Number)						
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2019 APR -1 PH 1: 04

C. GOLDEN

APR -2 2019

## TRANSMITTAL LETTER

SUBJECT: A-KEY EXTERMINATORS INC. (Name of Corporation)
DOCUMENT NUMBER: L34995
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
ANTHONY SBIRIS (Name of Person)
A-KEY EXTERMINATORS, INC. (Name of Firm/Company)
2988 PINE FOREST DR (Address)
PALM HARBOR FL 34684 (City/State and Zip Code)
For further information concerning this matter, please call:
ANTHONY SBIRIS at (727) 938-3432 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

**TO:** Amendment Section Division of Corporations



March 16, 2019

**ANTHONY SBIRIS** 2988 PINE FOREST DRIVE PALM HARBOR, FL 34684

SUBJECT: A-KEY EXTERMINATORS, INC.

Ref. Number: L34995

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 519A00005264

ECEIVED

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	AGLAIA	L. S.	BIRIS _	, hereby resign as	TREASU (	RER_ Title)		
of	A-KEY	EXTE	RMINAT	ORS, INC.			,	
	L 34 99 (Document Numb		, a co	rporation organized unc	ler the laws of th	ne State of	f	
	FLORIDA	}	·					
							2	
	_		Aglai (Signature	a L. Slivi e of resigning officer/directo	or)	- <del>-</del> -	2019 APR - 1	<u> </u>
						38F7, FL	0 : I Md	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314