P00000000841

(R	Requestor's Name)	
A)	ddress)	
<u> </u>	ddress)	
(0	City/State/Zip/Phone #)	-
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(E	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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JA. Posign

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ALUMI-GUARD, INC. (Name of Corporation)	
DOCUMENT NUMBER: P0000000841	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	ng.
Please return all correspondence concerning this matter to the following:	
Kim Stanfield	
(Name of Person)	
The Hogan Law Firm	
(Name of Firm/Company)	
20 So. Broad Street	
(Address)	
Brooksville FL 34601	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Kim Stanfield (Name of Person) at (352) 799-8423 (Area Code & Daytime Telephone Number)	
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	corporation

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

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Fursiant to the provisions of sections $607.0502(2)$, $617.0502(2)$, 607.1509 , or 617	.1509,
Florida Statutes, the undersigned, The Hogan Law Firm, LLC	
(Name of Registered Agent)	
hereby resigns as Registered Agent for ALUMI-GUARD, INC.	
(Name of Corporation)	
P0000000841	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	own address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
Deborah Hogan, Esq. (Typed or Printed Name)	18 FEB -
(Typed of Frince Falley	-8 A
Manager	AHII: 3
(Capacity)	ω

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withdrawn corporation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