P00000045853

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

Office Use Only



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Msignation To RA

01/18/13--01006--001 **70.00



DOP 1 / 18 / 13

TRANSMITTAL LETTER

Adplus Advertising, Inc (Name of Corporation) DOCUMENT NUMBER: P00000045853 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Firm/Company) For further information concerning this matter, please call: (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Amendment Section Street Address: Amendment Section Division of Corporations **Division of Corporations** 409 E. Gaines Street P.O. Box 6327

Tallahassee, FL 32399

Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations

FILED RESIGNATION OF REGISTERED AGENT FOR A CORPORATION JAN 18 PM 12: 02

SECTION OF STATE TABLAHASSEF, FLORIDA
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, joan leblanc
(Name of Registered Agent)
hereby resigns as Registered Agent for adplus advertising, inc
(Name of Corporation)
P0000045853
(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) 3-2009
If signing on behalf of an entity:
(Typed or Printed Name)
(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\$35.00) Administratively dissolved/voluntarily dissolved/withdrawn corporation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