# P02000058263

(Requestor's Name)
(Address)
(Address)
(Addicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400161114334

10/01/09--01019--019 \*\*35.00

10/14/09--01032--001 \*\*52.50 . .....

ZOBO OCT 13 AM 8: 28
SECRETARY OF STATE
ASSEE, FLORID

R.A. Resign.

OCT 1 4 200

#### **COVER LETTER**

**DOCUMENT NUMBER:** 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)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

For further information concerning this matter, please call:

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

TO:

Amendment Section **Division of Corporations** 



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2009

LINDSEY ALBERT 5191 SW 109TH AVE DAVIE, FL 33328

SUBJECT: A PLUS RESTORATIONS, INC

Ref. Number: P02000058263

We have received your document for A PLUS RESTORATIONS, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$52.50.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 609A00032114

Thank you for your Help.

Please Find Enclosed CK for \$52-50.

RAHLENT

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, LWDSEV ALBERT (Name of Registered Agent)
hereby resigns as Registered Agent for A Phus Rosteration) Name of Corporation)
Po 2000 58 263 (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)
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