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(Re	questor's Name)		
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TRANSMITTAL LETTER

SUBJECT: Ashland Security Inc.	
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: P020000	085220
	ed Agent for a Corporation and fee are submitted for filing
Please return all correspondence conce	erning this matter to the following:
Albert Confident	
(Name of Person))
Ashland Security Inc.	
(Name of Firm/Comp	any)
17225 SW 109 Ct	
(Address)	
Miami, Florida 33157	
(City/State and Zip Co	ode)
For further information concerning this	s matter, please call:
Albert Confident	at (786) 258-4153
(Name of Person)	(Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509,
Florida Statutes, the undersigned,	Albert Confident	
	(Name of Registered Agent)	
hereby resigns as Registered Agent	for Ashland Security, Inc.	
novely realphs as registered right	(Name of Corporation)	
P02000085220		
(Document Number, if known)		
A copy of this resignation was mail-	ed to the above listed corporation at its last kn	own address.
The agency is terminated and the of this statement is filed.	fice discontinued on the 31st day after the date	e on which
	(Signature of Resigning Agent)	-
If signing on behalf of an entity:		05 FEB - SECRETA ALL AHAS
	(Typed or Printed Name)	PHIZ: 11 RY OF STATI
	(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withdrawn corporation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