## P02000122630

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

Office Use Only

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: ALL PEO DER FORMANCE / ANZERME Imports, INO.  (Name of Corporation)  DOCUMENT NUMBER: PO2000122630
DOCUMENT NUMBER: P 02 000 12 2 6 30
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MALY RAUSCH (Name of Person)
(Name of Person)
(Name of Firm/Company)
1411 INDIAN ROAD E
WEST PALM BRACH FL 33406 (City/State and Zin Code)
For further information concerning this matter, please call:
MALY RAUSCH at (561) 707-8998 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION  Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, //(7/1 /- Marie of Registered Agent)
hereby resigns as Registered Agent for Au Plo PELFOLMANCE /AWESTME IMPORTS, I.C. (Name of Corporation)
(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.
May 7 Lausch (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