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AA Resign



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## **COVER LETTER**

	(Name of Corporation)
DOCU	MENT NUMBER: P03000035715
The end	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Bret .	lones
	(Name of Person)
Bret J	lones, P.A.
	(Name of Firm/Company)
700 A	Imond Street
	(Address)
Clerm	nont, FL 34711
	(City/State and Zip Code)
For furt	ther information concerning this matter, please call:
Denis	e Cazobon, Esq. at (352) 394-4025 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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





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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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