## P03000047788

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	,
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	 cument Number)	
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SECKLIARY OF STATE DIVISION OF CORFORATIONS

1. Lewis

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Aloha Construction Incorporated
DOCUMENT NUMBER: P0300047788
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:
Robert Sheets (Name of Person)
Aloha Construction Incorporated (Name of Firm/Company)
1626 25th Ave (Address)
Vero Beach, F/ (City/State and Zip Code)
For further information concerning this matter, please call:
Robert Sheets at (7)2, 3216245  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FILEU SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE OF CORPORATIONS FOR A CORPORATION 14 NOV 19 PM 4: 35

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, 5050, 5het5 (Name of Registered Agent)
hereby resigns as Registered Agent for Aloha Construction (Name of Corporation) Incorporate  O 3 0 0 0 0 (177 9 9
$\frac{0300047788}{\text{(Document Number, if known)}}$
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.
Susan Sheets (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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