

*PO3000094607*

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : THOMAS C. COBB P.A.  
Account Number : 110670000060  
Phone : (305) 571-8062  
Fax Number : (305) 571-8063

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REGISTERED AGENT RESIGNATION

AC OFFICE CORP.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 01      |
| Estimated Charge      | \$87.50 |

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Corporate Filing Menu

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*RA [Signature]*

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**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, Linda Ebin  
(Name of Registered Agent)

hereby resigns as Registered Agent for AC Office Corp.  
(Name of Corporation)

P03000094607  
(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withdrawn corporation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**

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