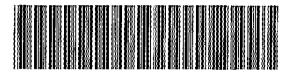
## P03000111683

(Req	uestor's Name)	
(Add	ress)	
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(City)	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
. (Docs	ament Number)	
Certified Coples	Certificates	of Status
Special Instructions to Filing Officer:		





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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Aluminum Accessories & Products Inc. (Name of Corporation)
DOCUMENT NUMBER: 203000111683
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filling
Please return all correspondence concerning this matter to the following:
Mark S. Brooker (Name of Person)
Aluminum Accessories & Products Inc. (Name of Firm/Company)
221 SE 2nd Avenue (Address)
Boynton Beach, Ft 33435 (City/State and Zip Code)
For further information concerning this matter, please call:
Mark S. Brooker at (501) 282-7491 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.150	9, or 617.1509,
Florida Statutes, the undersigned, Kommond (Mame of Registered Ag	<u>21/10</u> (ent)
hereby resigns as Registered Agent for Auminum Access (Name of Corporation)	sories = Products
P03000111683 (Document Number, if known)	,
A copy of this resignation was mailed to the above listed corporation at it	s last known address.
The agency is terminated and the office discontinued on the 31st day after this statement is filed.	the date on which
Signature of Resigning Agent)	
If signing on behalf of an entity:	DE JAN I
(Typed or Printed Name)	LED B PHIZ: L
(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withdrawn corporation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