

PD4000060017

Florida Department of State
Division of Corporations
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To:

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Fax Number : (850) 205-0380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
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Fax Number : (850) 224-7047

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TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

AMERICAN FUEL CONTROL INC.

Certificate of Status	0
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Estimated Charge	\$87.50

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN FUEL CONTROL INC.
(Name of Corporation)

DOCUMENT NUMBER: PO4000060017

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:

Victor R. Smith
(Name of Person)

The Smith Law Group, P.A.
(Name of Firm/Company)

P.O. Box 1145
(Address)

Lake Alfred, Florida 33850
(City/State and Zip Code)

For further information concerning this matter, please call:

Victor R. Smith at (863) 956-1119
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CAPITAL CONNECTION

850 222 1222

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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, VICTOR R. SMITH
(Name of Registered Agent)

hereby resigns as Registered Agent for AMERICAN FUEL CONTROL INC.
(Name of Corporation)

PO4000060017
(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)

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TALLAHASSEE, FLORIDA

Fees 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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