## 14000083050

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
}		

Office Use Only



400046477784

##87.50 \*\*87.50

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: AD Management Systems
(Name of Corporation)
DOCUMENT NUMBER: P04000083050
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:
Irvin R. Shupack, Esq.
(Name of Person)
Irvin R. Shupack, P.A.
(Name of Firm/Company)
7471 W. Oakland Park Blvd.
(Address)
Lauderhill, FL 33319
(City/State and Zip Code)
For further information concerning this matter, please call:
Irvin R. Shupack at ( 954 ) 749-7222
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Amandmant Castina

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## FILED

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2005 FEB 18 PM 12: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Irvin R. Shupack
(Name of Registered Agent)
hereby resigns as Registered Agent for AD Management Systems, Inc.
(Name of Corporation)
P04000083050
(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:
Irvin R. Shupack
(Typed or Printed Name)
Duner
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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