P04000122564

(Requestor's Name)		
(Address)		
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(Address)		
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
/P.,	siness Entity Name	<u></u>
(Ви	siness Enuty Name	e)
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
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12/19/11--01011--006 **52.50

12/07/11--01007--013 **35.00



orbit 19/20en

COVER LETTER

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2011

JOHN FRANK 312 SW 13TH AVE POMPANO BEACH, FL 33069

SUBJECT: AIR SYSTEM & CONTROL SERVICES, INC.

Ref. Number: P04000122564

We have received your document for AIR SYSTEM & CONTROL SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

There is a balance due of \$52.50.

If you are trying to change the agent, the new one must be listed on the form with the new agents signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 911A00027395

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, JOHN FRANK
(Name of Registered Agent)
hereby resigns as Registered Agent for AIR SYSTEM + Course SELVICES, 12.
P04000 122564
(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)
(Signature of Resigning Agent) If signing on behalf of an entity:
DAN NEANLE
(Typed or Printed Name)
TOESIDE UT
(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