P0400134018

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





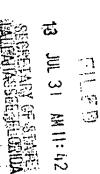
400249741864

07/15/13--01017--009 **35.00

DADE

AUG -2 2013

R. WHITE





July 18, 2013

CORETTA ANTHONY-SMITH ANTHONY-SMITH LAW,PA 5401 S. KIRKMAN RD STE 610 ORLANDO, FL 32819 US

SUBJECT: ALL GRAPHICS & PRINTING, INC.

Ref. Number: P04000134048

We have received your document for ALL GRAPHICS & PRINTING, 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):

The resigning agent must sign in the appropriate field.

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 413A00017494



July 29, 2013

CORETTA ANTHONY-SMITH ANTHONY-SMITH LAW,PA 5401 S. KIRKMAN RD STE 610 ORLANDO, FL 32819 US

SUBJECT: ALL GRAPHICS & PRINTING, INC.

Ref. Number: P04000134048

We have received your document for ALL GRAPHICS & PRINTING, 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):

The resigning agent must sign in the appropriate field.

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) 245-6050.

Letter Number: 413A00017494

Rebekah White Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Cor	retta Anthony-Smith at (407) 299-8 (Name of Person) (Area Code & Daytime 7)	
For fur	orther information concerning this matter, please call:	
	(City/State and Zip Code)	
Orla	ando, FL 32819	
	(Address)	
540	01 S. Kirkman Rd., Suite 610	
	(Name of Firm/Company)	
Antl	thony-Smith Law, P.A.	
	(Name of Person)	
Cor	retta Anthony-Smith	
Please	return all correspondence concerning this matter to the following	:
The end	nclosed Resignation of Registered Agent for a Corporation and fee	are submitted for filing
DOCU	UMENT NUMBER: P04000134048	
	(Name of Corporation)	_
SUBJE	ECT: All Graphics & Printing, Inc.	
	Amendment Section Division of Corporations	

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Ilorida Statutes, the undersigned, Anthony-Smith Law, P.A.
(Maine of Registered Agent)
hereby resigns as Registered Agent for All Grahics & Printing, Inc.
(Name of Corporation)
P04000134048
(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 his statement is filed.
Could Withoughout
(Signature of Resigning Agent)
f signing on behalf of an entity:
Coretta Anthony-Smith (質) と
(Typed or Printed Name) ω
President ₽
(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