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TO:	Amendment Section Division of Corporations
SUBJ	ECT: SUD-AIR, CORP. (Name of Corporation)
DOC	UMENT NUMBER: P05000020270
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
JEN	NY M. GARCIA
	(Name of Person)
SUD	P-AIR, CORP.
	(Name of Firm/Company)
8125	5 NW 74TH AVENUE, UNIT #2
	(Address)
MID	LEY, FL 33166
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
AND	RE A. GIBSON at (305) 652-4900 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 prov	visions of sections 6	607.0502(2), 617.0502(2), 607.1509, or	617.1509,
Florida Statutes, the	undersigned. JE	NNY M. GARCIA	
		(Name of Registered Agent)	
hereby resigns as R	egistered Agent for	SUD-AIR, CORP.	
	-8 -2	(Name of Corporation)	
P05000020270			
(Document Nu	mber, if known)		
A copy of this resig	nation was mailed to	o the above listed corporation at its last	known address.
The agency is termithis statement is file	ed.	discontinued on the 31st day after the o	late on which
If signing on behalf		gnature of Resigning Agent)	
	(Typed or Printed Name)	-
			9
		(Capacity)	– e
	Fee for filin	g this document:	OB JAN 23 AI
	· · · · · · · · · · · · · · · · · · ·	ive corporation	2 2

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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