

P05000047359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 11 PM 2:54

R.A. Resign
C.COULLIETTE

OCT 11 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANGEL AIDS CENTER INC
(Name of Corporation)

DOCUMENT NUMBER: P05000047359

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:

HANSRAM RAMRUP

(Name of Person)

ANGEL AIDS CENTER INC

(Name of Firm/Company)

1708 NE 4TH ST

(Address)

BOYNTON BEACH, FL 33435

(City/State and Zip Code)

For further information concerning this matter, please call:

HANSRAM RAMRUP

(Name of Person)

at (561) 3711044

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2011

HANSRAM RAMRUP
ANGEL AIDS CENTER, INC.
1708 NE 4TH ST
BOYNTON BEACH, FL 33435

SUBJECT: ANGEL AIDS CENTER, INC.
Ref. Number: P05000047359

We have received your document for ANGEL AIDS CENTER, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$52.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 311A00022627



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2011

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1708 NE 4TH ST
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Cheryl Coulliette
Regulatory Specialist II

Letter Number: 311A00022627

RECEIVED
11 OCT 11 AM 8:02
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

**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, RAMCHAND RAMRUP

(Name of Registered Agent)

hereby resigns as Registered Agent for ANGEL AIDS CENTER INC

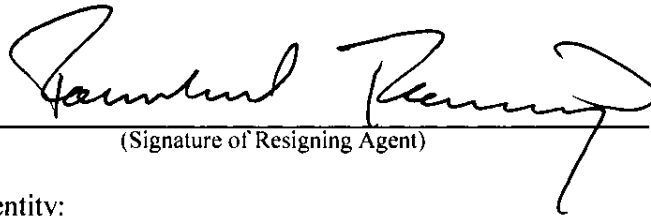
(Name of Corporation)

P05000047359

(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.



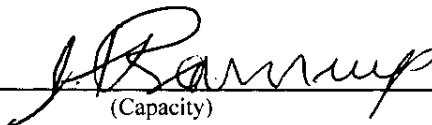
(Signature of Resigning Agent)

If signing on behalf of an entity:

HANSRAM RAMRUP

(Typed or Printed Name)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 11 PM 2:56