12050000011abel

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300292520193

11/22/16--01005--001 **3700.00

15 10V 21 FR 1:

naitempiers DS

NOV 29 2016

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Corporate Administration Services,	Inc.
(Name of Corporation) DOCUMENT NUMBER: P05000091964	
The enclosed Resignation of Registered Agent for a Corporation and fee are su	ubmitted for filing.
Please return all correspondence concerning this matter to the following:	
Anne Herstol (Name of Person)	
Prince CPA Group (Name of Firm/Company)	
9161 Narcoossee Road Ste 202 (Address)	
Orlando, FL 32827 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Anne Herstol (Name of Person) at (407) 823-8230 (Area Code & Daytime Telepho	•

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.1	509,
Florida Statutes, the undersigned, Keith Buescher	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Corporate Administration Servic	es, Inc.
(Name of Corporation)	
P05000091964	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	n address.
The agency is terminated and the office discontinued on the 31st day after the date o this statement is filed.	n which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
Keith Buescher (Typed or Printed Name)	10 10 2
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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