P050001/4/32

(R	equestor's Name)
. (A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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DC

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: A. S.A.D. Signs & Graphics OF FIA DIC. (Name of Corporation)
DOCUMENT NUMBER: 05 000 11413 2
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:
Charles Gentry (Name of Person)
Accounting Tax by CGINC. (Name of Firm/Company)
1903 Herroles Aue N. (Address)
Clearwater, F/ 33763 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (707) 230-6964 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Brian Pawe (Name of Registered Agent)
(Name of Registered Agent)
hereby resigns as Registered Agent for A.G.A.P. Signs & Granhics of FIA. INC, (Name of Corporation)
Po5 000 114 13 & (Document Number, if known)
(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:
Brian Rawe (Typed or Printed Name)
(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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