## P05000 121069

	*	•		
(Re	equestor's Name)	_		
(Ad	ldress)			
(Ad	ldress)	_		
(Cit	ty/State/Zip/Phone	e #)		
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		<i>(</i>		
(Bu	isiness Entity Nan	ne)		
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14 NOV 17 PM 4:

SECRETARY OF STATE
TALLAHASSEE: FLORIDA

NOV 26 2014 T. CARTER

## **COVER LETTER**

bhuvaı	n satyaketu (Name of Person)	at (954	8893407	<del>ar)</del>
For further in	nformation concerning this ma	atter, please call:		
	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	-	
Ft Lau	derdale, FL 3335	59		
	(Address)		-	
PO BC	X 590480			
	(Name of Firm/Company)	· · · · · · · · · · · · · · · · · · ·	-	
	·			
	(Name of Person)		-	
Bhuva	n Satyaketu			
Please returr	n all correspondence concernir	ng this matter to t	he following:	
The enclosed	d Resignation of Registered A	gent for a Corpor	ation and fee are submitted	for filing.
DOCUMEN	NT NUMBER: P05000121	1069		
•		(Name of Corporat		<del></del>
SUBJECT:	UNDERGROUND CO	NNECTIONS	AFTERMARKET IN	С
	ndment Section sion 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION 14 NOV 17 PM 4: 18

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Bhuvan Satyaketu
(Name of Registered Agent)
hereby resigns as Registered Agent for Underground Connections Aftermarket Inc
(Name of Corporation)
P05000121069
(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.
Photo
(Signature of Resigning Agent)
If signing on behalf of an entity:
Bhuvan Satyaketu
(Typed or Printed Name)
Manager
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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