P05000122753

(Re	equestor's Name)		
(Ad	(Address)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	<u>> #)</u>	
(Cit	tyrotaterzipri none		
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
	<u>. </u>		
Special Instructions to	Filing Officer:		

Office Use Only



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Mesignation

12/20/12--01011--010 **35.00



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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Always Independe	nt Corp).	
DOCUMENT NUMBER: P0500012275	me of Corporat 3	tion)	
The enclosed Resignation of Registered Agent	for a Corpor	ration and fee are submitted for	or filing.
Please return all correspondence concerning the	nis matter to t	the following:	
Alyssa C Greenhut			
(Name of Person)		_	
(Name of Firm/Company)		***	
6264 Black Fox Way			
(Address)		**	
Tallahassee, FL 32312			
(City/State and Zip Code)	•	_	
For further information concerning this matter	, please call:		
William P Thompson	_{at (} 850	322-7147	
(Name of Person)	(Area Code	e & Daytime Telephone Number	<u>r)</u>

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

and the graph of the same

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

FILED

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, William P Thompson (Name of Registered Agent) Always Independent Corp. (Name of Corporation)

P05000122753

(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 enti	ity:	
	(Typed or Printed Name)	
	(1)ped of 11med (tame)	
	(Capacity)	

1/11/

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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