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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

Division of Corpor	ations				
SUBJECT:	Professional Air	& Electric	Inc.		
50135C1	(Name o	of Corporation	1)		
DOCUMENT NUMBER:	P05000124730			<u></u>	
The enclosed Resignation	of Registered Agent for	a Corporati	on and fee are submit	ted for filing.	
Please return all correspon	dence concerning this r	natter to the	following:		
James Ger	lach				
	ne of Person)				
Profession	al Air & Electric Inc	•			
(Name o	f Firm/Company)				
PO Box 2	351				
	Address)			ا م	~
	Florida 34451				₹- ₹ 2022 HOY
(City/Sta	ite and Zip Code)				1 :
For further information con	nceming this matter, ple	ease call:		() () () ()	CD \$
James Gerlach	at (352)	302-0999	. (2) (1) (1)	PH C
(Name of Pe	erson) (Area Code &	Daytime Telephone Nu	imber) 25	·· -
				173	w

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	.07.0503(2), 617.0502(2), 607.1509, o	r 617.1509,
Florida Statutes, the undersigned,		
, <u> </u>	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Professional Air & Electric Ir	nc.
	(Name of Corporation)	
P05000124730		
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its las	st known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the	e date on which
1 DERLA	ignature of Resigning Agent)	
(Si	gnature of Resigning Agent)	
If signing on behalf of an entity:		
		S 25
- ((Typed or Printed Name)	2022 HOV SECRIE 1 ALL
		15 do 3"
	(Capacity)	
		777, F. 1

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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