

P05000132227

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.
Account Number : I20070000037
Phone : (561) 482-6955
Fax Number : (561) 482-6956

FILED
08 FEB 21 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT RESIGNATION

ACR GENERAL SERVICES INC

Certificate of Status	0
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Page Count	03
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACR GENERAL SERVICES, INC
(Name of Corporation)

DOCUMENT NUMBER: P05000132227

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:

PAULO OLIVEIRA

(Name of Person)

EAGLE TAX REPRESENTATION, CORP

(Name of Firm/Company)

4641 N STATE ROAD 7 STE 18

(Address)

COCONUT CREEK, FL - 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

PAULO OLIVEIRA

(Name of Person)

at (954) 752-4553

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, EAGLE TAX REPRESENTATION, CORP
(Name of Registered Agent)

hereby resigns as Registered Agent for ACR GENERAL SERVICES, INC
(Name of Corporation)

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(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:

PAULO OLIVEIRA

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**