

P05000157881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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500163355775

12/08/09--01012--009 \*\*43.75

02/02/10--01027--007 \*\*43.75

FILED  
2010 FEB - 1 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R. A. Resign.

TB

FEB - 2 2010

January 5, 2010

Ms Teresa Brown  
Regulatory Specialist II

Ref Number P05000157881

This is in response to the attached letter. Please apply the \$43.75 to the attached resignation of registered agent.

Please send certified copy to :

IMAD S QUBAIN  
PO BOX 8089  
Port St Lucie, FL 34985

Thank you very much for your assistance.

Encl: a/s

IMAD S QUBAIN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2009

IMAD S QUBAIN  
ADV BUSINESS SOLUTIONS, INC.  
PO BOX 8089  
PORT ST LUCIE, FL 34985

SUBJECT: ADV BUSINESS SOLUTIONS, INC.  
Ref. Number: P05000157881

We have received your document for ADV BUSINESS SOLUTIONS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 509A00037861

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADV BUSINESS SOLUTIONS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000157881

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:

IMAD S QUBAIN

(Name of Person)

ADV BUSINESS SOLUTIONS INC

(Name of Firm/Company)

PO BOX 8089

(Address)

PORT ST LUCIE, FL 34985

(City/State and Zip Code)

For further information concerning this matter, please call:

IMAD S QUBAIN

(Name of Person)

at ( 772 ) 370-6000

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 20, 2010

IMAD S QUBAIN 2ND ML  
ADV BUSINESS SOLUTIONS, INC.  
5475 NW SAINT JAMES DR #112  
PORT ST LUCIE, FL 34983-3444

SUBJECT: ADV BUSINESS SOLUTIONS, INC.  
Ref. Number: P05000157881

We have received your document for ADV BUSINESS SOLUTIONS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$43.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 610A00000615

2010 FEB -1 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**  
2010 FEB -1 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, IMAD S QUBAIN  
(Name of Registered Agent)

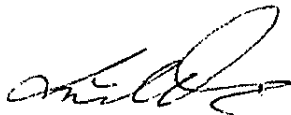
hereby resigns as Registered Agent for ADV BUSINESS SOLUTIONS INC.  
(Name of Corporation)

P05000157881

(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:

IMAD S QUBAIN

(Typed or Printed Name)

REGISTERED AGENT

(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