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COVER LETTER

10:	Amendment Section Division of Corporations
SUB.	JECT: A & A Engineering & Consulting INC. (Name of Corporation)
DOC	CUMENT NUMBER: Po 5 000 16 49 31
The e	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	te return all correspondence concerning this matter to the following:
4	Hardeep Anand. (Name of Person)
	(Name of Person)
	-
	(Name of Firm/Company)
81	121 NW 197 STREET (Address)
	(Address)
M	Mami, FL, 33015 (City/State and Zip Code)
·	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
	Hardeep Arand at (305) 829 5444. (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, ANAND HARDEEP (Name of Registered Agent)	
hereby resigns as Registered Agent for A&A Engineering NW Consultations (Name of Corporation)	ing luc
Po 5000 164931	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known additional actions and the copy of this resignation was mailed to the above listed corporation at its last known additional actions are considered to the copy of this resignation was mailed to the above listed corporation at its last known additional actions are copy of this resignation.	ess.
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:	h
(Typed or Printed Name)	D
AHASSE	
(Capacity)	
Fee for filing this document:	<u>-</u>

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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