P06000002047

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400240477104

10/22/12--01014--018 **35.00

RA Perigo

12 OCT 22 AM 8: 34

SECRETARY OF STATE DIVISION OF CORPORATIONS

OCT 23 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: A S E GENERAL SERVICES (Name of Corporation) DOCUMENT NUMBER: POL 00000 20 47	
DOCUMENT NUMBER: POG 00000 20 47	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for f	iling.
Please return all correspondence concerning this matter to the following:	
RICARSO J. ONTEGA (Name of Person)	
(Name of Person)	
(Name of Firm/Company)	
7870 W FLAGLER ST	
(Name of Firm/Company) 7870 W FLAGLER S7 (Address) (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (305) 559-6822 (Area Code & Daytime Telephone Number)	
Englaced is a check with a such as the Florid Do. 1 . 1 Co. 1 C . 197.50 C	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, (Name of Registered Agent)
hereby resigns as Registered Agent for ASE GENERAL SELVICES, INC. (Name of Corporation)
(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:
(Typed or Printed Name)
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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