

PO6000048483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

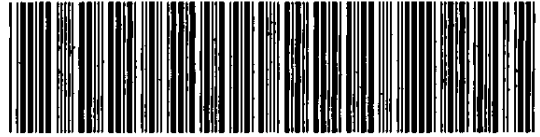
(Business Entity Name)

(Document Number)

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10 MAY 20 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Handwritten signature and date: 5/20/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Apollo Hurricane Shutters, Inc.
Name of Corporation

DOCUMENT NUMBER: PO6000048483

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSCAR CASARIEGO
Name of Contact Person

APOLLO HURRICANE SHUTTERS INC.
Firm/Company

550 AVE A
Address

KEY LARGO FL 33037
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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, Oscar Casariego SR.
(Name of Registered Agent)

hereby resigns as Registered Agent for Apollo Hurricane Shutters Inc.,
(Name of Corporation)

PO6000048483
(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:

OSCAR CASARIEGO
(Typed or Printed Name)

PRESIDENT = REGISTERED AGENT
(Capacity)

FILED
10 MAY 20 AM 11:22
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withdrawn corporation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**