

PO6000056986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

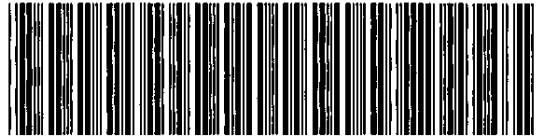
(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



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*RA Resign*

*News* 10/10/07--01026--002 \*\*35.00

FILED  
2007 OCT 10 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**CAPITOL  
SERVICES**

October 5, 2007

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

**RE: AMERICAN CONSOLIDATED LABORATORIES, INC.**

Dear Filing Officer:

Enclosed please find a Resignation of Registered Agent filing form for the above referenced names, which is to be filed in your office at your earliest convenience. Enclosed is check # 13858 in the amount of \$35 for the filing fees. Once filed, please return the file-stamped copies in the self-addressed envelope. If you have any questions please contact the undersigned at (800) 345-4647.

Sincerely,

Mary Ann Quick

Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMERICAN CONSOLIDATED LABORATORIES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000056986

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:

Mary Ann Quick  
(Name of Person)

Capitol Corporate Services, Inc.  
(Name of Firm/Company)

800 Brazos, Suite 400  
(Address)

Austin, Texas 78701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Ann Quick at ( 800 ) 345-4647  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

**FILED**  
**2007 OCT 10 PM 3:18**  
**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, Capitol Corporate Seivices, Inc.  
(Name of Registered Agent)

hereby resigns as Registered Agent for AMERICAN CONSOLIDATED LABORATORIES, INC.,  
(Name of Corporation)

P06000056986  
(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:

Cheryl Roberts  
(Typed or Printed Name)

President  
(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**