

PO6000105156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

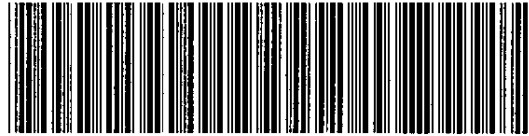
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG -5 PM 12:52

FILED

R.A. Resign
C.COULLIETTE

AUG 07 2009

EXAMINER

COVER LETTER

TO: Amendment-Section
Division of Corporations

SUBJECT: All Digital Files Systems Corporation
(Name of Corporation):

DOCUMENT NUMBER: P06000105156

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SILFIDES AYALA
(Name of Person)*

(Name of Firm/Company)

B661 YUKON CT
(Address)

ST. JAMES CITY FL 33956
(City/State and Zip Code)

For further information concerning this matter, please call:

SILFIDES AYALA at: 239 313-0105
(Name of Person) (Area Code & Daytime Telephone Number)

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

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, SILFIDES AYALA
(Name of Registered Agent)

hereby resigns as Registered Agent for ALL DIGITAL FILES SYSTEMS CORPORATION,
(Name of Corporation)

PO6000105156
(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.

Silfides B. Ayala
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

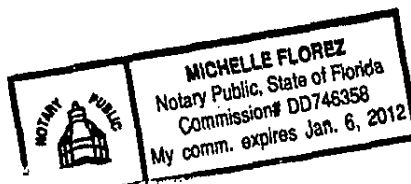
\$87.50 - Active corporation.

\$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withdrawn corporation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

FILED
09 AUG - 5 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Florida, County of Lee
The foregoing instrument was acknowledged before
me this 20 day of August, 20 09 by
Silfides Ayala whom is personally
known or produced ID FLDL
Notary Signature [Signature]



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, SILFIDES AYALA
(Name of Registered Agent)

hereby resigns as Registered Agent for ALL DIGITAL FILES SYSTEMS CORPORATION,
(Name of Corporation)

P06000105156

(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.

Silfides R. Ayala
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
09 AUG -5 PM 12:52
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

State of Florida, County of Lee
The foregoing instrument was acknowledged before
me this 3rd day of August, 20 09 by
Silfides Ayala whom is personally
known or produced ID filed
Silfides
Notary Signature

