P06000109283

(Re	equestor's Name)	
(Ad	ldress)	
. (Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900098466859

05/01/07--01007--003 **35.00

07 MAY - 1 AM 10: 56

J. 07.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: QBAN-American Bronlearting Systems: Ire.

(Name of Corporation)

DOCUMENT NUMBER: POGODO109 283

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:

Aimee Tuner Ga.

(Name of Firm/Company)

12955 S.W. 42 Street #3

(Address)

Miemi F1. 33175

(Citt//State and Zip Code)

For further information concerning this matter, please call:

Aimee Tuwy at (305) 207-6959 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 $617.0502(2)$	1509,		
Florida Statutes, the undersigned, Aimee Juvier, P.A. (Name of Registered Agent)		,	
hereby resigns as Registered Agent for QBAN-American Broadcosting S	System	v, I,	K •
P06000109283			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last kno	wn add	ress.	
The agency is terminated and the office discontinued on the 31st day after the date	on whic	ch	
this statement is filed.	SECRI FALL AI	O7 HAY	انگ
(Signature of Resigning Agent)	ETAR HASS	<u> - </u>	
If signing on behalf of an entity:	Y OF S	AH	
Ainee Turier	TATE ORIDA	AH 10: 56	
(Typed or Printed Name)			
Resident.			
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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