

P070000036335

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*Resignation  
DO RA*

05/10/16--01016--020 \*\*70.00

FILED  
16 MAY 10 09:10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 17 2016

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LUMITECH PROJECT SERVICES, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P07000036335

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:**

ALEX KOORBANOFF  
(Name of Person)

(Name of Firm/Company)

2681 LITTLE BEND PL  
(Address)

HERATT ISLAND FC 32952  
(City/State and Zip Code)

**For further information concerning this matter, please call:**

\_\_\_\_\_ at ( 321 ) 537 5790  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

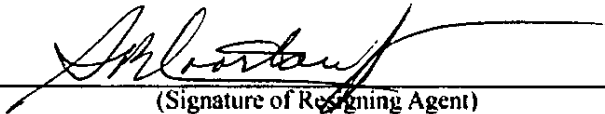
Florida Statutes, the undersigned, ALEXANDER KOORZBANOFF  
(Name of Registered Agent)

hereby resigns as Registered Agent for LUMITECH PROJECT SERVICES, Inc.  
(Name of Corporation)

P07000036335  
(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:

ALEXANDER KOORZBANOFF  
(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  
MAY 11 2006  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE