## P07000086486

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	xy/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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RA Resign Thewis 3/24/08

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: All Around Pest Control Inc (Name of Corporation)		
DOCUMENT NUMBER: P0700086486		
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:		
(Name of Person)		
All Around Pest Control Inc (Name of Firm/Company)		
328 S Swinton Ave. (Address)		
Delray Beach, F1 33444 (City/State and Zip Code)		
For further information concerning this matter, please call:    YSY-214-0018     (Name of Person) at (567)     (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:Mailing Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsClifton BuildingPost Office Box 63272661 Executive Center CircleTallahassee, FL 32314		

## FILED

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2008 MAR 21 PM 12: 44

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, Keely Haverland (Name of Registered Agent)		
hereby resigns as Registered Agent for All Around Pest Control, Inc (Name of Corporation)		
P07000086486		
(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:		
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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