Po80000 68429

(Re	equestor's Name)	
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(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ARK MANAGEMENT SERVICES, INC. Name of Corporation

P08000068429

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Reinhard G. Stephan

Name of Contact Person

Reinhard G. Stephan, Attorney at Law

Firm/Company

241 S. Westmonte Dr., #1010

Altamonte Springs, FL 32714

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reinhard G. Stephan

Name of Contact Person

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

Mailing Address:

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

Street Address:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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, REINHARD G. STEPHAN	
(Name of Registered Agent)	-
hereby resigns as Registered Agent for ARK MANAGEMENT SERVICES, INC.	
(Name of Corporation)	-
P08000068429	
(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 Restigning Agent) (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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