

el-5 P080000105491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200224025212

03/13/12--01024--012 **87.50

RA Resp

FILED
12 MAR 13 AM 9:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 15 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aris Financial Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000105491

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:

David Ellis
(Name of Person)

(Name of Firm/Company)

207 Crystal Grove Blvd
(Address)

Lt 2 FL 33548
(City/State and Zip Code)

For further information concerning this matter, please call:

David Ellis at (813) 767-4617
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT 12 MAR 13 AM 9:01
FOR A CORPORATION

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, David Ell
(Name of Registered Agent)

hereby resigns as Registered Agent for Aris Financial Services, Inc.
(Name of Corporation)

P08000105471

(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withdrawn corporation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