Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:_	<u> </u>	<u> </u>
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## REGISTERED AGENT RESIGNATION OAV, INC.

Certificate of Status	0
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: OAV, INC.	
	(Name of Corporat	ion)
DOC	UMENT NUMBER: P10000015234	
The en	nclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please	return all correspondence concerning this matter to t	he following:
<del></del>	(Name of Person)	-
INC	ORPORATING SERVICES, LTD.	
	(Name of Firm/Company)	-
350	0 S DUPONT HWY	
	(Address)	-
DO\	/ER, DE 19901	
		_
	(City/State and Zip Code)	
For fu	(City/State and Zip Code)  rther information concerning this matter, please call:	
For fu	• • •	346-4646

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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## 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 INCORPORATING SERVICES, LTD.
(Name of Registered Agent)
hereby resigns as Registered Agent for OAV, INC.
(Name of Corporation)
P10000015234
(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.
If signing on behalf of an entity:
AMY BALKE
(Typed or Printed Name)
ASSISTANT SECRETARY
(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