Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 Phone : (302)531-0855 Fax Number : (850)656-7953

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## REGISTERED AGENT RESIGNATION ALGAETEK SYSTEMS, INC.

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## **COVER LETTER**

Division of Corporations
SUBJECT: ALGATEK SYSTEMS, INC.
(Name of Corporation)
DOCUMENT NUMBER: P11000081176
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:
EDIE WHITEBREAD
(Name of Person)
INCORPORATING SERVICES, LTD.
(Name of Firm/Company)
3500 S. DUPONT HIGHWAY
(Address)
DOVER, DE 19901
(City/State and Zip Code)
For further information concerning this matter, please call:
EDIE WHITEBREAD at ( 302 ) 531-0855
(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of State for \$87.50 for an active corporation \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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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(((H1200034383 3)))

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of		<u>-</u>
Florida Statutes, the undersigned, N	CORPORATING SERVICES, LTD. (Name of Registered Agent)	<u> </u>
hereby resigns as Registered Agent for	ALGATEK SYSTEMS, INC.	<b></b>
•	(Name of Corporation)	
P11000081176		
(Document Number, if known)	_	
A copy of this resignation was mailed to	the above listed corporation at its las	t known address.
The agency is terminated and the office this statement is filed	Sweller	date on which
If signing on behalf of an entity:  Candice B. Swette	gnature of Resigning Agent)	ZOIZ MAY IU SECRETARY
	Typed or Printed Name)	- SE - m
Assistant Secreta	гу	A 10: 36 OF STATE FLORIDA
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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