P1200000 1047

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Statu	us
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

	(Name of Person)	at (at (de & Daytime Telephone Nu	mber)
Wua	alid Fragachan	954	、6382647	
For furt	her information concerning this t	matter, please call	:	
	(City/State and Zip Cod	le)	_	
Wes	ston/ Florida/ 3332	26		
	(Address)		_	
2225 I	North Commerce Parkwa	y Suite 8		
	(Name of Firm/Compan	ıy)		
Alfa	Tactical Training Ce			
	(Name of Person)			
Irwir	n Edelstein		_	
Please re	eturn all correspondence concerr	ning this matter to	the following:	
	closed Resignation of Registered	•		ed for filing.
DOC!!!	MENT NUMBER: P1200000	(Name of Corpore)	auon)	
SUBJE	_{.ct:} Alfa Tactical Tr			
	Division of Corporations			

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, Wualid Fragachan
(14dille of trePropored Likelie)
hereby resigns as Registered Agent for Alfa Tactical Training Inc. (Name of Corporation)
P12000001047
(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.
THE
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Typed or Printed Name)
Mice- President (Capacity)
Fee for filing this document:

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation