## P120000020108

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400235795314

06/25/12--01032--001 \*\*

\*\*87.50

ON THE SE DE 19- 50

RARES 10 425/12

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: AAA INVESTMENT HOLDING, INC.
(Name of Corporation)

DOCUMENT NUMBER: P12/10/00/2016/8

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:

AAA INVESTMENT HOLDING, INC
(Name of Person)

SYOU HOOLK BUD #26
(Address)

TAMPA, E 38684
(City/State and Zip Code)

For further information concerning this matter, please call:

AMIT OFHER at (727) 772 3841
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## 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, AMIT DEMEN (Name of Registered Agent)	<del>_</del>
hereby resigns as Registered Agent for APA INVESTMENT HOW (Name of Corporation)	oing, inc
P1200020168 (Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known a	address.
The agency is terminated and the office discontinued on the 31st day after the date on verthis statement is filed.  (Signature of Resigning Agent)	vhich
If signing on behalf of an entity:	
AMIT DEHRA (Typed or Printed Name)	12 35 35 36 36
RECUSTENCED DOCENT (Capacity)	NEGRET OF PH
Fee for filing this document: \$87.50 - Active corporation	PH 12: 58

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withdrawn corporation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/