P12000082449

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	<u> </u>
(Ci	ty/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	· .
		İ

Office Use Only



400241169114

11/01/12--01019--001 **87.50

授 NOV -1 PM 12: 11

RA RES

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Aspen Services Inc. (Name of Corporation)
DOCUMENT NUMBER: P12000082449
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:
Jadi Wood (Name of Person)
Aspen Services, Inc. (Name of Firm/Company)
340 Troon Circle (Address)
Dayenport, FL 33897 (City/State and Zip Code)
For further information concerning this matter, please call:
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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Susan Barnes (Name of Registered Agent)	
hereby resigns as Registered Agent for Aspen Services, Inc. (Name of Corporation)	
P12000082499 (Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	NON SE
(Capacity)	ASSOCIATION TO BHIS

Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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