

P/2000090470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

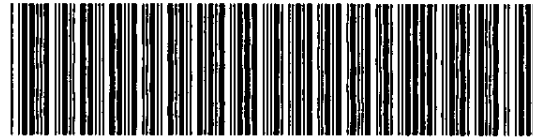
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02/08/13--01030--014 **55.00

02/27/13--01025--004 **32.50

FILED
13 MAR -3 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date 2-27-13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2013

DEBORAH SHAW
AAA MEDICAL SUPPLIES
2572 ATLANTIC BLVD
JACKSONVILLE, FL 32207

SUBJECT: AAA MEDICAL SUPPLIES COMPANY
Ref. Number: P12000090470

We have received your document for AAA MEDICAL SUPPLIES COMPANY and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to resign as registered agent of an active corporation is \$87.50.

Wrong form completed. There is a balance due of \$32.50 for the resignation of the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 613A00003391

RECEIVED
13 FEB 25 AM 8:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AAA Medical Supplies
(Name of Corporation)

DOCUMENT NUMBER: P12000090470

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:

Deborah Shaw
(Name of Person)

AAA Medical Supplies
(Name of Firm/Company)

2572 Atlantic Blvd
(Address)

Jacksonville, FL 32207
(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Shaw at (904) 557-4375
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

850-245-6877

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Deborah Shaw, hereby resign as Director
(Title)

of AAA Medical Supplies Company
(Name of Corporation)

P12000090470, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
13 MAR -6 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314