914000028141

(Requestor's Name)			
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(City/State/Zip/Phone #)			
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBI	ACE DESIGN STUCCO, INC.
	(Name of Corporation) UMENT NUMBER: P14000028141
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	(Name of Person)
ACE	DESIGN STUCCO, INC.
	(Name of Firm/Company)
· .	(Address)
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
	(Name of Person) at () (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

ursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
lorida Statutes, the undersigned,	
(Name of Registered Agent)	
ACE DESIGN STUCCO, INC.	
ereby resigns as Registered Agent for(Name of Corporation)	
P14000028141	
(Document Number, if known)	
copy of this resignation was mailed to the above listed corporation at its last known address.	
he agency is terminated and the office discontinued on the 31st day after the date on which his statement is filed.	
Totyone Poly	
(Signature of Resigning Agent)	
Salamina an habalf a San antitru	
signing on behalf of an entity:	
	~~i
(Typed or Printed Name)	[1
in the second se	<u></u>
)
(Capacity)	ı

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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