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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: INCORPORATING SERVICES FL Account Name

Account Number : I20050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	 	

REGISTERED AGENT RESIGNATION AMERICA WORKS OF FLORIDA, INC.

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T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: AMERICA WORKS OF FLORIDA, INC.	_
(Name of Corporation) DOCUMENT NUMBER: P14000036760	- <u>-</u>
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the following:	•
Monica Clifford	
(Name of Person)	
INCORPORATING SERVICES, LTD.	
(Name of Firm/Company)	
3500 S DUPONT HWY	
(Address)	
DOVER, DE 19901	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Monica Clifford 800 346-4646	
(Name of Person) (Area Code & Daytime Telephone Number)	<u>-</u>
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an ac or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporations.	tive corporation on.
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, INCORPORATING SERVICES, LTD.
(Name of Registered Agent)
hereby resigns as Registered Agent for AMERICA WORKS OF FLORIDA, INC.
(Name of Corporation)
P14000036760
(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.
(Signature of Ranigning Agent)
If signing on behalf of an entity:
AMY BALKE
(Typed or Printed Name)
ASSISTANT SECRETARY
(Capacity)
AREAN 24
ree for thing 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withdrawn corporation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