## P14000065530

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
ļ

Office Use Only



100285680031

\22.<sup>69</sup> 05/20/16--01009--011 \*<del>\*27.50</del>

16 HAY 20 PH 2: 31

MAY 23 2016 C MCNAIR

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

For further information concerning this matter, please call:

(Name of Person) at (305) 110-0105 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Toel R He mandez (Name of Registered Agent)
hereby resigns as Registered Agent for AAA (CO Temp Insulation (Name of Corporation) COFF
(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.
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation