

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Br	usiness Entity Name	e)
(Dc	ocument Number)	
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2018 JUL -2 PM 1: 3L SECRETARY OF STATE

C GOLDEN

JUL - 6 2018

COVER LETTER

Division of Corporations
SUBJECT: ABUAISH ENTERPRISES INC
(Name of Corporation)
DOCUMENT NUMBER, P15000001102

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:

CHARLES GENTRY (Name of Person) ACCOUNTING AND TAX ASSOCIATES (Name of Firm/Company) 1903 N HERCULES AVE

(Address)

CLEARWATER, FL 33763
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES GENTRY
(Name of Person)

at (727) 230-6964
(Area Code & Daytime Telephone Number)

(Name of Ferson) (Nica Code de Dayume Ferephone (Namoer)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO: Amendment Section

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, CHARLES E GENTRY II		
(Name of Negistered Agent)		
hereby resigns as Registered Agent for ABUAISH ENTERPRISES	3 INC	
(Name of Corporation)		
P15000001102		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known		
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:	2018 JUL -2 SECRETAR' TALLAHASS	423
CHARLES E GENTRY II	RET.	
(Typed or Printed Name)	-2 ARY SSI	
	PM 1: 34 OF STATE EE, FLORID	
(Capacity)	Dim 7	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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