

P16000000385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

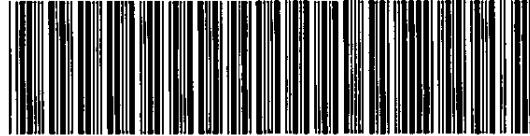
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400286852264

06/16/16--01007--020 **35.00

FILED
16 JUN 16 PM 1:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

01
Reign.

JUN 17 2016

D CONNELL

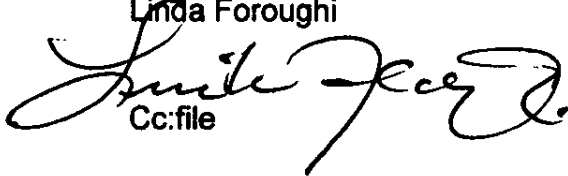
Florida Department of
State
Division of Corporation
Amendment Section

5/24/2016

I have sent a notification to Division of Corporation through email and the mail 4/25/2016. I have received a reply and what I should do on 5/20/2019. Therefore, enclosed please find the following:

1. A copy of replay to the notification.
2. "Statement of Fact"

Sincerely
Linda Foroughi



Cc:file

RECEIVED

16 MAY 27 PM 1:37

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Florida department of State
Division of Corporation
Amendment Section
P.O. Box 6327
Tallahassee. FL 32314

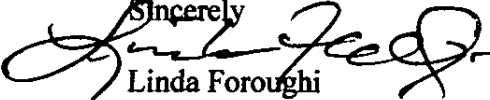
6/14/2016

Dear Darlene Connell;

Thank you for your letter dated June 2, 2016 stating that, I have to file a resignation as a officer or director and pay a \$35:00 fee. As I have stated on my email dated 4/25/2016 that, my name and address has been used illegally as an officer (VP) and as Miss Stacy in her replay to me indicated that, "At no cost I can send "Statement of Fact" Stating that the filing was done without my knowledge or consent" and that will be attach to the filing and making it public record" and I did per her advice. Now, I have to pay the amount of \$35:00 to remove my name and address that, I did not have anything to do with the filing and my information was used without my knowledge and was done illegally it in the first place. I am paying the \$35:00 and (Indicating again that, my information was used without my knowledge and was done illegally). I would like to receive a letter of confirmation that my name and address has been removed and make it public record and I am emphasizing again that these people used my information illegality, and as I stated in my "Statement of Fact" I feel like that, I am a victim of identity theft. In addition, I would like to be advice that, if there is any further steps I need to take to protect myself from these crooks or any other ones. Therefore, enclose please find:

Copy of your letter

\$35:00 fee, Transmittal letter, Officer/Director Resignation For Corporation, my letter dated 5/24/2016, replay to my email dated 5/20/2016, and Statement of Fact.

Sincerely

Linda Foroughi

Cc: file

"Statement of Fact"

To: Florida Department of
State
Division of Corporation
Amendment Section
P.O. Box 6327 Tallahassee, FL 32301

5/24/2016

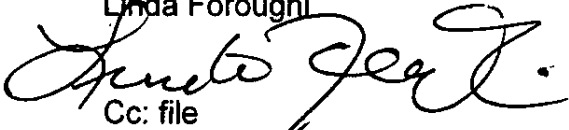
From: Linda Foroughi
44B Eton Line
Palm Coast, FL 32164

Dear Sir/ Madam

I have received an advertisement to my address and attention to(owner/Manager) the vise president of AA Read & Associates, Inc. Linda Foroughi (See attached). At that time I had realized that someone had use my name and address as an officer of certain corporation. As far as I know, I do not remember of having a corporation or creating corporation with anybody ells. Therefore, I begin searching and found out that; AA Read & Associates, Inc. (P16000000385) has been created on December 26, 2015 and registered on December 30, 2015, and my name and address has been used illegally as an officer (VP). I feel like that, I am a victim of identity theft.

I would like to bring the following to the Division of Corporation attention:
I Linda Foroughi was not aware of my name being used in this corporation or any other one. My name has been used without my knowledge and consent.
Therefore, I will not be liable for any wrong doing (If any) of this corporation or any other one.

Sincerely
Linda Foroughi



Cc: file
Hard copy and attachment mailed 4/30/16
lafzco@gmail.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2016

LINDA FOROUGH
44B ETON LN
PALM COAST, FL 32164

SUBJECT: AA REED & ASSOCIATE'S, INC.
Ref. Number: P1600000385

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

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.

Darlene Connell
Regulatory Specialist III

Letter Number: 016A00011576

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AA Beed & Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P116000000385

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Foroughi
(Name of Person)

AA Beed & Associates, Inc.
(Name of Firm/Company)

44 B Eton lane
(Address)

PalmCoast, FL. 32164
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Foroughi at (386) 338-4942
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

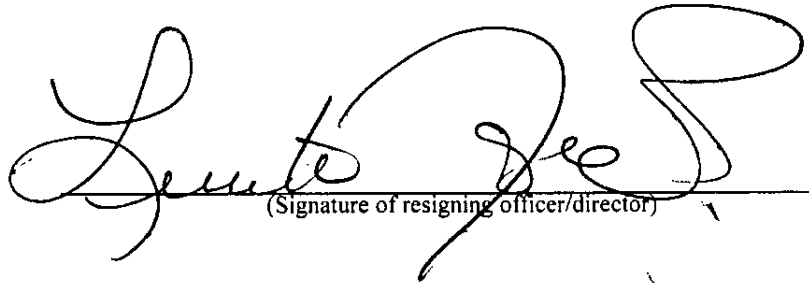
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Linda Foroughi, hereby resign as Vice President
(Title)

of AA Reed & Associates, Inc.
(Name of Corporation)

P16000000385, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

FILED
16 JUN 16 PM 1:06
TALLAHASSEE, FLORIDA

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