

6/16/2017

From: Account Bookkeeping L 321,888,4974 Fri Jun 16 12:35:31 2017 PDF Page 1 of 3  
Division of Corporations

P160000035037

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : ACCOUNT BOOKKEEPING CORP  
Account Number : I20120000055  
Phone : (407)898-1757  
Fax Number : (407)897-5336

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

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REGISTERED AGENT RESIGNATION  
ALPHA NETWORK SERVICES, CORP

Certificate of Status	0
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Page Count	01
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17 JUN 16 PM 2:51

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RECEIVED  
SECRETARY OF  
DIVISION OF  
2017 JUN 16 PM 4:39

### COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ALPHA NETWORK SERVICES, CORP

(Name of Corporation)

DOCUMENT NUMBER: P16000035037

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:

RAFAELA MARTINS

(Name of Person)

ACCOUNT BOOKKEEPING CORP

(Name of Firm/Company)

5301 CONROY RD STE 140

(Address)

ORLANDO, FL 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAELA MARTINS at (407) 898-1757

(Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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HC 1700016 15933

2017 JUN 16 PM 4:39  
DIVISION OF CORPORATE  
REGISTRATION

# 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, IDALECIO ANDRADE

(Name of Registered Agent)

hereby resigns as Registered Agent for ALPHA NETWORK SERVICES, CORP

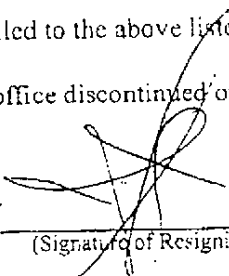
(Name of Corporation)

P16000035037

(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 Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

HC 1700016 15933