P170000 84195

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: American Bracing Solution	ons, Inc
(Maine of Corpora	ition)
DOCUMENT NUMBER: P17000084195	
The enclosed Resignation of Registered Agent for a Corpo	ration and fee are submitted for filing
Please return all correspondence concerning this matter to	the following:
Kelly Wolfe	
(Name of Person)	_
(Name of Firm/Company)	-
2006 Beach Trail Apt B	
(Address)	_
Indian Rocks Beach, FL 33785	
(City/State and Zip Code)	_
For further information concerning this matter, please call	
Kelly Wolfe 2727)560-2353 le & Daytime Telephone Number)
(Name of Person) (Area Coo	le & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Kelly Wolfe
(Name of Registered Agent)
hereby resigns as Registered Agent for American Bracing Solutions, Inc
(Name of Corporation)
P17000084195
(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)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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