## P210000089909

(Requ	uestor's Name)	
(Adda	ress)	1
(Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
<b>(-</b> · ·	,	,
(Doci	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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## **COVER LETTER**

SUBJECT: ASPIN & WILLIAMS WE	(Name of C	ornoratio	n)
P210000879	•	on pronuction	(1)
DOCUMENT NUMBER: P210000879	<del></del>		
The enclosed Resignation of Registered	Agent for a C	Corporati	ion and fee are submitted for filing
Please return all correspondence concer	ning this matt	er to the	following:
Chelsea Chapm	an		
(Name of Person)	<del> </del>		
Legaline Corporate Service	es, Inc.		
(Name of Firm/Compar	ıy)		
10601 Clarence Drive, Su	ite 250		
(Address)	·	<del></del>	
Frisco, TX 750	33		
(City/State and Zip Co	de)		
For further information concerning this i	natter, please	call:	
Chelsea Chapman	et (	344	386-0178
(Name of Person)	(Are	a Code &	Daytime Telephone Number)

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

rursuant to the provisions of sections o	07.0502(2), 617.0502(2), 607.1509, or 617.1509	<i>)</i> .
Florida Statutes, the undersigned, Legaline Corporate Services, Inc.		
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	ASPIN & WILLIAMS WHOLESALE INC	
	(Name of Corporation)	
P21000087909		
(Document Number, if known)	<del></del>	
A copy of this resignation was mailed to	o the above listed corporation at its last known a	ıddress.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on w	/hich
Jun Jan	h Methon	
(Si	gnature of Resigning Agent)	7 28
If signing on behalf of an entity:		M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		C
	Zach Mathewson	- 3
	Typed or Printed Name)	
on Behalf of	Legaline Corporate Services, Inc.	- - -

## Fee for filing this document:

- S87.50 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- \$35.00 Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)