P940000937

(R	equestor's Name)	
(A	ddress)	
(A)	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
· (B	usiness Entity Nam	e)
(D	ocument Number)	
. Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



100317555891

08/28/18--01002--002 ++175.00

1/ars

FILED
2018 AUG 28 AM 8: 4

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Applied Systems Engineering Incorporated

(Name of Corporation)

DOCUMENT NUMBER: P94000009937

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:

Lisa Y. Shorts Pitell

(Name of Person)

Pitell Law Firm, PL

(Name of Firm/Company)

PO Box 5148

(Address)

Niceville, FL 32578

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Y. Shorts Pitell, Attorney at (850) 897-0045 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	507.0502(2), 617.0502(2), 607.1509, or 617	7.1509,
Florida Statutes, the undersigned,	David M Gaskill	
	(Name of Registered Agent)	
hereby resions as Registered Agent for	Applied Systems Engineeering Inc	corporated
Thereby resigns as registered rigent to	(Name of Corporation)	
P94000009937		
(Document Number, if known)	<u> </u>	
A copy of this resignation was mailed to	to the above listed corporation at its last kn	own address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date	e on which
x Dilge	7 A J J J J j j j j j j j j j j j j j j j	-
If signing on behalf of an entity:		
	(Typed or Printed Name)	-
	(Capacity)	2018 AUG 28 SECRETARY
\$87.50 - Ac \$35.00 - Ad	ng this document: tive Corporation ministratively dissolved/voluntarily dissolv thdrawn corporation	ILED IG 28 AM 8: U TARY OF STATA AHASSES FL

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314