

P94000093989

(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



100015433121

04/10/03--01044--006 **35.00

FILED

03 APR 10 PM 3:00

CLERK OF COURT
ALABAMA
TALLAHASSEE, FLORIDA

Ps 4/17/03

BA Res.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Audio Video Virtuality, Inc.

DOCUMENT NUMBER: P94000093989
(Name of Corporation)

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:

David Welch

(Name of Person)

Audio Video Virtuality, Inc.

(Name of Firm/Company)

8110 Cleary Blvd. Villa 1105

(Address)

Plantation, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

David Welch

(Name of Person)

at (954) 474.1096

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

03 APR 10 PM 3:01

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, David Welch

(Name of Registered Agent)

hereby resigns as Registered Agent for Audio Video Virtuality, Inc.

(Name of Corporation)

P94000093985

(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.

David Welch

(Signature of Resigning Agent)

If signing on behalf of an entity:

David Welch

(Typed or Printed Name)

President

(Capacity)

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withdrawn corporation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**