## 96000014857

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	ə #)
PICK-UP	MAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	~-
SUBJECT: AGA TRANSMISSIONS, INC	
(Name of Corporation)	
DOCUMENT NUMBER: P96000014857	·
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:	
DALIA MELENDEZ	-
(Name of Person)	4
(Name of Firm/Company)	
680 S. MILITARY TRAIL	
(Address)	
WEST PALM BEACH, FL 33415	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
DALIA MELENDEZ  at (561) 478-1777  (Name of Person) (Area Code & Daytime Telephone Number)	_
(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of State for \$87.50 for an active corpor \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	ration
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	·

## 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,DALIA MELENDEZ
(Name of Registered Agent)
hereby resigns as Registered Agent for AGA TRANSMISSIONS, INC
(Name of Corporation)
P96000014857
(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:
DALIA MELENDEZ
(Typed or Printed Name)
(Capacity)  SECRETARY OF STARY
\$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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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