(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ılv



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Aggressive Electric, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P96000023487
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:
Ronnie Padgett II
(Name of Person)
Aggressive Electric, Inc.
(Name of Firm/Company)
9029 W. Beaver St.
(Address)
Jacksonville, Florida 32220
(City/State and Zip Code)
For further information concerning this matter, please call:
Ronnie Padgett II at (904) 786-6440
Ronnie Padgett II (Name of Person) at (904) 786-6440 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

reat Address: Mailing Addre

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	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Ro	onnie Padgett II	_
	(Name of Registered Agent)	•
hereby resigns as Registered Agent for	Aggressive Electric, Inc.	. 9
	(Name of Corporation)	_,
P96000023487		
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its last known address.	•
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which	
(Si	gnature of Resigning Agent)	0
If signing on behalf of an entity:	ECRETA LLAHAS	FIL 09 APR 27
Ronnie Padgett II	SKRY ER	ביו
((Typed or Printed Name) FOR STATE	TH 3: 39

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)