## P960000 55039

•		
(Re	equestor's Name)	
-		
(Ad	ldress)	
,		
(Ad	ldress)	
-		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	<del></del>
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
	•	
		İ

Office Use Only



900103586139

06/01/07--01037--014 \*\*87.50

FILED

07 JUN -1 PM 2: 29

SECRETARY OF STATE
TALLAHASSEE FLORINA



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: AS R.V. Service Inc. (Name of Corporation)
DOCUMENT NUMBER: P9600055039
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:
Mame of Person)  (Name of Firm/Company)
106 E Matin 57 (Address)
Kissimme Ft 34744  (City/State and Zip Code)
For further information concerning this matter, please call:
Tenso Ellis at (407) 846-4916 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Hichael T. Ellis (Name of Registered Agent)
hereby resigns as Registered Agent for AKS R.V. Source, Inc., (Name of Corporation)
P9600055039 (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.
shill in the same of the same
(Signature of Resigning Agent)
If signing on behalf of an entity:
Michael I Ellis (Typed or Printed Name)
Registered Agent/ Director (Capacity)
Fee for filing this document:
\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/vo

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