

P96000079923

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : FOWLER, WHITE 2
Account Number : I19990000148
Phone : (813) 769-7692
Fax Number : (813) 228-9401

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT RESIGNATION
AIR AMBULANCE ANYWHERE MEMBERSHIP CLUB
CORPORATION**

Certificate of Status	0
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RA Resign

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9-3-14

8/29/2014

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**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,

FOWLER, WHITE, GILLEN, BOGGS, ET. AL. n/k/a Fowler White Boggs

hereby resigns as Registered Agent for **AIR AMBULANCE ANYWHERE MEMBERSHIP
CLUB CORPORATION**

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(Document Number)

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:

**FOWLER, WHITE, GILLEN, BOGGS, ET. AL.
n/k/a Fowler White Boggs c/o Kendra L. Gaugush**
(Typed Name)

Authorized Representative
(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withdrawn corporation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**

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