

P97000027248

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

Resignation of  
Registered  
Agent

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ACP-Regulations, Inc. (Corporation Name) P97-27248 (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☒ Walk in

☒ Pick up time 3/23

☐ Certified Copy

☐ Mail out

☐ Will wait

☒ Stamped  
Photocopy

☐ Certificate of Status

RECEIVED  
98 MAR 23 PM 3:54  
DIVISION OF CORPORATION

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A. Officer/Director Name <u>3/23/98</u>
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger
<input type="checkbox"/>	Updater

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/  
QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

700002465757--2  
-03/24/98-01001-012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

FILED  
98 MAR 23 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

RESIGNATION OF REGISTERED AGENT


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

Florida Statutes, the undersigned, Paralegal & Attorney Service Bureau, Inc.  
(Name of registered agent)

hereby resigns as Registered Agent for ACP - Reflections, Inc.  
(Name of corporation)

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:

Kathleen J. Hill

(Typed or Printed Name)

President

(Capacity)

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98 MAR 23 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation