

P97000068909

Requestor's Name

AC ENGINEERING, INC.

1470 N.W. 107 Avenue  
Suite K  
Miami, FL 33172

300002397503--7  
-01/12/98-01/36-003  
\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

300002397503--7  
-01/12/98-01/36-003  
\*\*\*\*122.50 \*\*\*\*87.50

☐ Walk in

☐ Pick up time \_\_\_\_\_

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☐ Will wait

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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 type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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
<input type="checkbox"/>	Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 JAN 16 PM 2:13

APPROVED  
AND  
FILED

P97000068909  
EARS  
1-16-98  
288

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, Gloria E. Diaz  
(Name of registered agent)

hereby resigns as Registered Agent for Prestige Home Healthcare, 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] - President  
(Signature of resigning agent)

If signing on behalf of an entity:

N/A

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation