P970000.90156

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
		Way.
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TRANSMITTAL LETTER

PO: Amendment Section Division of Corporations	
SUBJECT: 12TH Street Gas, Inc	
(Name of Corporation)	
DOCUMENT NUMBER: P97000090156	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filir	ıg.
Please return all correspondence concerning this matter to the following:	
Michael Amendolagine	
(Name of Person)	
12TH Street Gas, Inc	
(Name of Firm/Company)	
1301 Beville Road Unit 7	
(Address)	
Daytona Beach, Florida 32119	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael Amendoalgie at (386) 322-0673	
Michael Amendoalgie at (386) 322-0673 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active c or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	orpoi
Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations	
P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399	

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,M	lichael Amendoalgine (Name of Registered Agent)
hereby resigns as Registered Agent for	. 12TH Street Gas, Inc
	(Name of Corporation)
P97000090156	
(Document Number, if known)	
A copy of this resignation was mailed	to the above listed corporation at its last known address.
this statement is filed.	e discontinued on the 31st day after the date on which
If signing on behalf of an entity:	(Typed or Printed Name)
	(Typed or Printed Name)
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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