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(Requestor's Name) (Address)	000286561630
(Address) (City/State/Zip/Phone #)	06/07/1601002017 **157.50
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MI JUN -6 P 3: 52
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

## **SUBJECT:** RKS Consulting Engineers, Inc.

(Name of Corporation)

# DOCUMENT NUMBER: P99000009785

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:

### Joan Henry

(Name of Person)

## Lusk, Drasites & Tolisano, P.A.

(Name of Firm/Company)

202 Del Prado Bivd. S.

(Address)

# Cape Coral, FL 33990

(City/State and Zip Code)

For further information concerning this matter, please call:

Joan Henry 39 ,574-7442 Area Code & Daytime Telephone Number) (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

Antendment 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

CR2E046 (04/12)

#### RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or (	617.150	)9,	
Florida Statutes, the undersigned, Donald H. Williams			
(Name of Registered Agent)			-
hereby resigns as Registered Agent for RKS Consulting Engine	ers,	Inc.	
(Name of Corporation)		<u> </u>	-
P9900009785			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last	known	address	3.
The agency is terminated and the office discontinued on the 31st day after the d this statement is filed.	late on	which UN	
Dulloun			
(Signature of Resigning Agent)		بب	Human B
If signing on behalf of an entity:		52	

(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

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