## P99000038071

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status					
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: America's Clearance Outlet, Inc. (Name of Corporation)
DOCUMENT NUMBER: P99000038071
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:
Brian Zaza
(Name of Person)
America's Clearance Outlet, Inc.
(Name of Firm/Company)
6203- D West Sand Lake Road
(Address)
Orlando, FL 32819
(City/State and Zip Code)
For further information concerning this matter, please call:
Brian Zaza at ( 407 ) 355-0570 (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0502(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the undersigned, _	Darrin S. Zaza	
, , , ,	(Name of Registered Agent)	
hereby resigns as Registered Agent:	for America's Clearance Outlet, Inc.	
	(Name of Corporation)	
P99000038071		
(Document Number, if known)		
A copy of this resignation was maile	ed to the above listed corporation at its last kno	own address.
The agency is terminated and the of this statement is filed.	fice discontinued on the 31st day after the date  (Signature of Resigning Agent)	on which
If signing on behalf of an entity:		
		03 7.AL
	(Typed or Printed Name)	SE
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	(Capacity)	
	(сараску)	82 <del>*</del>
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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