## P99000082372

(Requestor's Name)				
·				
(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:				



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R.A. Resignation

Office Use Only

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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		··· · · · · · · · · · · · · · · · · ·
SUBJ	JECT: Ace Enterprises of 3	Softhers, of Corporation)	Florion
DOC	CUMENT NUMBER: P990000	8237Z	
The en	enclosed Officer/Director Resignation for a Con	poration and fee	are submitted for filing
Please	se return all correspondence concerning this ma	tter to the followi	ng:
	Oov6/45 AiRD (Name of Person)	·	COMPANY OF THE SECOND S
	(Name of Firm/Company)	·	en de la companya de
3	A14 ROOSEVELT ST. (Address)	- · · · · · · · · · · · · · · · · · · ·	on and an order of the second
	HIWO, CI. 33021 (City/State and Zip Code)		د فلمد د در سهارشین ده در در در
For fu	further information concerning this matter, plea	se call:	
	(Name of Person) at (	\rea Code & Daytir	me Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

7. ;

## 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, Doublas Alab (Name of Registered Agent)
hereby resigns as Registered Agent for ACE ENTERPRISES OF SouthEAST Floring
10C. (Document Number, if known)
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:
(Typed or Printed Name)  TOTAL 89.  TOTAL 89
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

Tailahassee, FL 32314