585661

(Regu	estor's Name)	
(requ		
(Addre	ess)	
(,	
(Addr	ess)	-
(City/s	State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL
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(Docu	iment Number)	
Certified Copies	Certificates	s of Status
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TO: Amendment Section Division of Corporations		
SUBJECT: A-PLUS DRIVEWAYS, INC.		
(Name of Corporation)		
DOCUMENT NUMBER: S85661		
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	3 .	
Please return all correspondence concerning this matter to the following:		
Karen Loraine (Name of Person)		
(Name of Person)		
GrayRobinson, P.A. (Name of Firm/Company)		
(Name of Firm/Company)		
1795 W. Nasa Blvd.		
(Address)		
Melbourne, FL 32901		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Michelle Deering at (321) 727-8100 (Area Code & Daytime Telephone Number)		
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	эгрога	ation
Street Address: Amendment 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	18 NO. 25 PA	18.05.05.05.08.

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Fursiant to the provisions of sections $007.0502(2)$, $017.0502(2)$, 007.1509 , or 017.1509	,
Florida Statutes, the undersigned, Patrick Healy	
(Name of Registered Agent)	
hereby resigns as Registered Agent for A-PLUS DRIVEWAYS, INC.	
(Name of Corporation)	
(Time of Corporation)	
S85661	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known ad	dress.
The agency is terminated and the office discontinued on the 31st day after the date on w this statement is filed. (Signature of Resigning Agent)	hich
If signing on behalf of an entity:	
(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withdrawn corporation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