## 119648

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## TRANSMITTAL LETTER

Files

TO: Amendment Section Division of Corporations		
SUBJECT: ADVANCED EMPLOYMENT	CONCEPTS, INCORPORATED (Name of Corporation)	
DOCUMENT NUMBER: V19648	(A manus of Compositions)	* 12T
The enclosed Resignation of Registered A	gent for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
THERESA ALFIERI		
(Name of Person)	<u></u>	3
,		
C T CORPORATION SYSTEM		
(Name of Firm/Company)	1	
111 8TH AVENUE - 13TH FLOOR	<u>and the state of </u>	T Pile
(Address)	<u>and a state of the state of th</u>	
NEW YORK, NEW YORK 10011		uv.
(City/State and Zip Code)	la constant de la con	
For further information concerning this ma	atter, please call:	
_	· · ·	- *
THERESA ALFIERI	at ( 212 ) 894 - 8516 (Area Code & Daytime Telephone Number)	e , indi
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check made payable to the F or \$35.00 for an administratively dissolved	Florida Department of State for \$87.50 for an active corpord, voluntarily dissolved or withdrawn corporation.	ration
Amendment Section Ame Division of Corporations Divi P.O. Box 6327 409	et Address: endment Section sion of Corporations E. Gaines Street ahassee, FL 32399	

CR2E046(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	507.0502(2), 617.0502(2), 607.1509, or 61	7.1509,	
lorida Statutes, the undersigned, C T CORPORATION SYSTEM			egy er i
•	(Name of Registered Agent) ADVANCED EMPLOYMENT CONCEPT	S,	
hereby resigns as Registered Agent for	(Name of Corporation)	· ·	<u> </u>
V19648			- . रु.
(Document Number, if known)	<del></del>		
A copy of this resignation was mailed	to the above listed corporation at its last ki	nown address.	
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the da	te on which	
Ja	ef	نخد	···
If signing on behalf of an entity:	ignature of Resigning Agent)	FII 04 JAN 23 74 JAH ASS	
C T CORPO	RATION SYSTEM - Theresa Alfieri	E O	
	(Typed or Printed Name)	E CSTA	
AS	SSISTANT SECRETARY	<b>三元 2</b>	A. <u>148</u> 54
	(Capacity)	<del>-</del> ··	The Third of the Control of the Cont

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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