

P090000514R

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

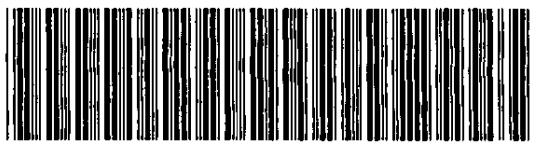
(Business Entity Name)

(Document Number)

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05/09/13--01006--002 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
13 MAY -7 AM 9:32

RA/RES
@ 5.9.13
Rec. May 7/13

SALFI | SPRYSENSKI
ATTORNEYS & COUNSELORS AT LAW

Dominick J. Salfi
FORMER CIRCUIT JUDGE
CERTIFIED CIRCUIT COURT MEDIATOR

Christopher M. Sprysenski
ATTORNEY AT LAW

999 Douglas Avenue, Suite 3324
Altamonte Springs, FL 32714

407-774-2700 | phone
407-774-7308 | fax

salfilaw@salfi.com | e-mail

Salfi

May 1, 2013

RECEIVED
13 MAY - 7 AM 8:50
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA


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

In Re: A & A Bufalo Framing, Inc.
Document Number P09000051472

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:

Dominick J. Salfi
Salfi & Sprysenski
999 Douglas Avenue, suite 3324
Altamonte Springs, FL 32714

For further information concerning this matter, please call Ann Campbell at
407-774-2700


Ann Campbell, Legal Assistant

Enclosure: Resignation of Dominick J. Salfi
Check for \$87.50

cc: Anthony Queeley, President
A & A Bufalo Framing, Inc.
249 Marina Drive
Ft. Pierce, FL 34949

**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, Dominick J. Salfi

(Name of Registered Agent)

hereby resigns as Registered Agent for A & A Bufalo Framing, Inc.

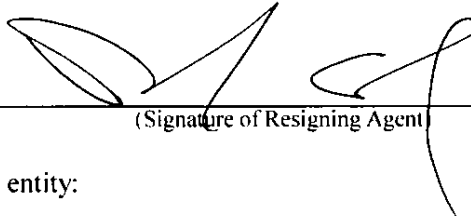
(Name of Corporation)

P09000051472

(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)

(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**

FILED STATE
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
13 MAY -7 PM 9:32