F0200000013

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



800245565838

03/26/13--01012--028 **175.00

Take 25 Min n

PARES 10 3/29/13



March 13, 2013

RE: ACORN INSTITUTE, INC. (LA.DOM)
ADVANCED CAPITAL USA, INC. (NV.DOM)
AFFORDABLE HOUSING CENTERS OF AMERICA INC. (LA.DOM)
CABCO USA, INC. (DE. DOM)
CALIFORNIA RECOVERY SYSTEMS, INC. (CA.DOM)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is $\underline{1}$ check in the amount of $\underline{175.00}$ to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

NATIONAL REGISTERED AGENTS, INC.

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary (212) 894 8516

TA:lf Enclosure

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0302(2), 617.0302(2), 607.1309, or 617.1309,		
Florida Statutes, the undersigned,	NRAI SERVICES, INC.		
, , , , , , , , , , , , , , , , , , , ,	(Name of Registered Agent)		
hereby resigns as Registered Agent for	ACORN INSTITUTE, INC. (LA.DOM)		
nervey reargine as registered regent for	(Name of Corporation)	,	
F0200000013			
(Document Number, if known)	_		
A copy of this resignation was mailed t	o the above listed corporation at its last known address.		
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which		
She	Delf_		
(Si	gnature of Resigning Agent)		
If signing on behalf of an entity:			
NR ALSER V	ICES, INC THERESA ALFIERI	ដ	11/4
(Typed or Printed Name)		40	353
`	Typed of Filited Name)	26	- 10 July 10 J
AS	SISTANT SECRETARY	では	当日
	(Capacity)	<u>₩</u>	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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