## 357991

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
<b>(,</b>
Certified Copies Certificates of Status
Octumbates of Status
Special Instructions to Filing Officer:
·

Office Use Only



100036464691

resignation

05/20/04--01050--001 \*\*157.50

FILED

04 MAY 20 PM 12: 52

SECONE DATA LE DESTABLE

FALLAHASSEE DESTABLE

FALLAHASSEE

ADR 5/26/04

## TRANSMITTAL LETTER

COCOA BEACH AUTO REPAIR CENTER, INC.
(Name of Corporation) SUBJECT:\_ 357991 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Catherine Ross (Name of Person) 3612 Hightower Court (Name of Firm/Company) Cocoa, FL (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime 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 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	17.0502(2), 617.0502(2), 607.1509, or <b>©</b>	LL:1309,
Florida Statutes, the undersigned,	Mary Morton	
, <u> </u>	(Name of Registered Agent)	8 38
hereby resigns as Registered Agent for	Cocoa Beach Auto Repair Cente	ralinc c
, ,	(Name of Corporation)	300
357991		'을드 o
(Document Number, if known)	<del>_</del>	Dr. or
A copy of this resignation was mailed to	the above listed corporation at its last k	nown address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the da	te on which
many	In ortorc mature of Resigning Agent)	<b>→</b>
(Sig	nature of Resigning Agent)	
If signing on behalf of an entity:		
Mary	Morton Typed or Printed Name)	
<del></del>	Typed or Printed Name)	_
Presiden	ł	
1107(0.0)	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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