

FC3000001372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

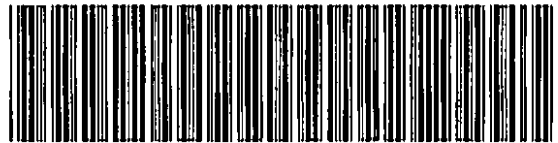
(Business Entity Name)

(Document Number)

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2022 FEB 28 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

cf 3/10/2023

210

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Sunshine Corvettes, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: FD30000001372

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:

Scott Vager  
(Name of Person)

Sunshine Corvettes, Inc  
(Name of Firm/Company)

37567 FARE Rd  
(Address)

Dade City FL 33523  
(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT VAGER at ( 813 ) 7140645  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**

2022 FEB 28 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FL

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

SCOTT YAGER

(Name of Registered Agent)

hereby resigns as Registered Agent for

Sunshine Corvettes, Inc.

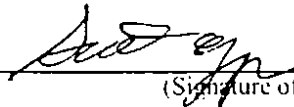
(Name of Corporation)

F03000001372

(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:

NA

(Typed or Printed Name)

NA

(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**