FOGDOODS588

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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K. WHITE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: AUTO MOBILITY SALES,	INC.
(Name of Corpor	ation)
DOCUMENT NUMBER: F09000002588	
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing
Please return all correspondence concerning this matter to the	e following:
STEPHANIE PELLETIER	
(Name of Person)	
AUTO MOBILITY SALES, INC.	
(Name of Firm/Company)	
54 WENTWORTH AVE	
(Address)	
LONDONDERRY, NH 03053	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
STEPHANIE PELLETIER at (603	552-5538
(Name of Person) (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
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Florida Statutes, the undersigned, HAL COMPTON JR. (Name of Registered Agent) hereby resigns as Registered Agent for AUTO MOBILITY SALES, INC. (Name of Corporation) F0900002588 (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)
hereby resigns as Registered Agent for AUTO MOBILITY SALES, INC. (Name of Corporation) F0900002588 (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)
F0900002588 (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)
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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)
this statement is filed. (Signature of Resigning Agent)
If signing on behalf of an entity:
는 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Hal Compton Jr. (Typed or Printed Name)
CEO (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