# F34125

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A I T O R N E Y S A T L A W SARASOTA + TAMPA

ALAN F. GONZALEZ, LL.M.

agonzalez@watterslevine.com www.watterslevine.com 601 BAYSHORE BOULEVARD SUITE 720 TAMPA, FLORIDA 33606 (813) 295-6925 DIRECT (813) 254-7474 (813) 254-7341 FAX

October 22, 2024

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: TECHNI-CAR, INC. Our File No. 0136-1

Gentlemen:

Enclosed is the Resignation of Registered Agent and this firm's check for \$87.50 for the fees.

Thank you for your assistance.

Very truly yours,

WALTERS LEVINE & DeGRAVE

aland. 03

Alan F. Gonzalez, LL.M., Esquire

AFG:cmn Enclosures

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

TECHNI-CAR, INC.

(Name of Corporation)

DOCUMENT NUMBER: F34125

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:

ALAN F. GONZALEZ

•

(Name of Person)

Walters Levine & DeGrave

(Name of Firm/Company)

601 Bayshore Boulevard, Suite 720

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan F. Gonzalez

(Name of Person)

 $\frac{813}{(\text{Area Code & Daytime Telephone Number})}$ 

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, <u>ALAN F. GONZALEZ</u>

F34125

. . .

(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.

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	Landha	
	(Signature of Resigning Agent)	

If signing on behalf of an entity:

ALAN F. GONZALEZ	
(Typed or Printed Name)	C-5
Resident Agent	SSEES D
(Capacity)	STATE FL

SE 202

### 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