## Requester: Name (Name of the Use Only) Requester: Name (Name of the Name of the Use Only) Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		- En ON	
	(Corporation Name)	(Document #)	
		400004547084	==
2.	(Corporation Name)	(Document #)	-002 *35.00
3.		(Document #)	
	(Corporation Name)	(Document #)	
4.	(Corporation Name)	(Document #)	79 F.L.
	☐ Walk in ☐ Pick up time	Certified Copy	ger in r
	☐ Mail out ☐ Will wait	Photocopy Certificate of Status	
]	NEW FILINGS	AMENDMENTS	
;	Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
:	OTHER FILINGS	REGISTRATION/QUALIFICATION S S S S S S S S S S S S S S S S S S S	
	Annual Report Fictitious Name	Limited Partnership  Reinstatement  Trademark	)
		Other PH	00

**Examiner's Initials** 

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CR2E031(7/97)

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150	9,
Florida Statutes, the undersigned, C T CORPORATION SYSTEM (Name of registered agent)	
hereby resigns as Registered Agent for GRANITE VEHICLE FINANCE CORPORATION (Name of corporation)	(DE. DOM.)
A copy of this resignation was mailed to the above listed corporation at its last known a C/O Granite Acceptance Corporation 2855 S. James Drive  New Berlin, WI 53151 Attn: William R. Klippel  The agency is terminated and the office discontinued on the 31st day after the date on withis statement is filed.	ddress.
he llf	
(Signature of resigning agent)  If signing on behalf of an entity:	
C T CORPORATION SYSTEM	TASE O
(Typed or Printed Name)	AUG 2
ASSISTANT SECRETARY	
(Capacity)	PM 2: 4.7 OF STATE

Fee for filing this document:
\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314