

F93000004180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

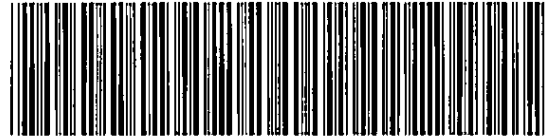
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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JUL 2 2003

2003 JUL 1 2003 JUL 18 AM 11:42  
SECRET  
FBI



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2023

CORPORATION SERVICE COMPANY

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: ALLIANCE LEASING OF TENNESSEE, INC.  
Ref. Number: F93000004180

We have received your document for ALLIANCE LEASING OF TENNESSEE, INC.. However, the document has not been filed and is being returned for the following:

The name listed in the Articles and the name listed on the Resignation do not match, please amend the document accordingly. Also, for a revoked entity, a registered agent resignation is only \$35.00.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 823A00016064

RECEIVED  
2023 JUL 20 AM 11:15  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

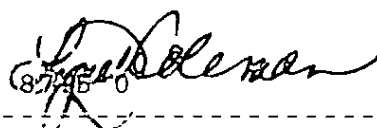
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 877355 8323810

AUTHORIZATION :

COST LIMIT : \$ 87735-0



ORDER DATE : July 14, 2023

ORDER TIME : 2:34 PM

ORDER NO. : 877355-005

CUSTOMER NO: 8323810

CHANGE OF AGENT

NAME: ALLIANCE LEASING CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## 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, CORPORATION INFORMATION SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for Alliance Leasing Corporation

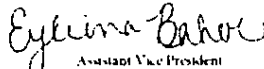
(Name of Corporation)

F93000004180

(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.

  
Assistant Vice President

(Signature of Resigning Agent)

If signing on behalf of an entity:

BY EYLIENA BAKER

(Typed or Printed Name)

VICE PRESIDENT

(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