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### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Consumer Auto Refinence Scruices, lac (Name of Corporation)
DOCUMENT NUMBER:
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott Scrorting (Name of Person)
Consumer Auto Refinance Services, Inc  (Firm/Company)  contra  300 St. Peters Blud. Ste 200  (Address)
(Firm/Company)
300 St Peters A Rhid Sta 200
(Address)
SE Louis, mo 63376
(City/State and Zip code)
For further information concerning this matter, please call:
Scott Science   at (634)   720 - 0248   × 1/03     (Name of Person)   (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

### **MAILING ADDRESS:**

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

### STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 'APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Consumer Auto Refinance Services Inc.
(Name of Corporation)
(Document Number of Corporation (if known)
(Document Number of Corporation (it known)
Est #
(Incorporated Under Laws of)
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This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
300 St. Peters (entre Blud. Ste 200 (Mailing Address)
St. Louis / mo / 63376 (City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
Scott Scientino  Secretary / Treasurer  (Typed or printed name of person signing)  (Title of person signing)

**FILING FEE \$35**