

## G51275

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

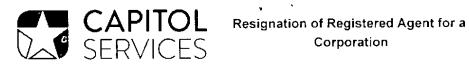
Office Use Only



100416186371

09/26/23--01007--013 \*\*35.00

, 3



Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: (800) 345-4647 Fax (800) 432-3622 regagent@capitolservices com

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

DATE:

9/19/2023

STATE:

**FLORIDA** 

**REP UNIT:** 

STAR BRITE SERVICE CENTERS,

INC.

Enclosed for filing please find a Resignation of Registered Agent for a Corporation for the above referenced name, which is to be filed in your office. Enclosed is check # 33478 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

## 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, Capitol Corporate Services, Inc.  |
| (Name of Registered Agent)   |
| hereby resigns as Registered Agent for   |
| STAR BRITE SERVICE CENTERS, INC.   |
| (Name of Corporation)  |
| G51275   |
| (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) |
| If signing on behalf of an entity:   |
| Yvette Cleveland   |
| (Typed or Printed Name)  |
| Assistant Secretary  |
| (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

CR2E046 (12/19)



Return Acknowledgement to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767 800.345.4647