# H94317

(Re	questor's Name)	
(Ad	idress)	
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	ty/State/Zip/Phone	. #^
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(50	omose Emily Ham	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Hiling Officer:	

Office Use Only



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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJE	JECT:OLO	<u></u>
	(Name of Corporation)	
DOCU	UMENT NUMBER: H94317	·
The en	enclosed Resignation of Registered Agent for a Corporation a	nd fee are submitted for filing.
Please	e return all correspondence concerning this matter to the follo	owing:
Mary O	Ou	
	(Name of Person)	
All Tim	me Towing. Inc.	
	(Name of Firm/Company)	
11924 F	Banyan Street	
	(Address)	
Palm Bo	Beach Gardesn, FL 33410	
	(City/State and Zip Code)	
For fur	urther information concerning this matter, please call:	
Walter.	r Jones 561 346-83	time Telephone Number)
	(Name of Person) (Area Code & Day	time 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Walter C. Jones, IV
	(Name of Registered Agent)
hanshar nasiana as Davistanad Arran	All Time Towing, Inc.
hereby resigns as Registered Agen	(Name of Corporation)
H94317	
(Document Number, if known)	
A copy of this resignation was mai	led to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.  If signing on behalf of an entity:	(Signature of Resigning Agent)
	(Typed or Printed Name)  (Typed or Printed Name)  (Typed or Printed Name)  (Typed or Printed Name)
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

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