

K17906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

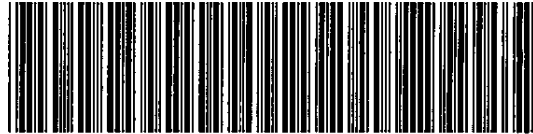
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500105820835

07/16/07--01041--028 \*\*35.00

FILED  
07 JUL 16 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Res.  
sf

**WEINER & ARONSON, P.A.**  
ATTORNEYS AT LAW

The Clark House  
102 North Swinton Avenue  
Delray Beach, FL 33444  
Telephone: (561) 265-2666  
Telecopier: (561) 272-6831  
E-mail: sreitman@zonelaw.com

**MICHAEL S. WEINER**  
**CAROLE J. ARONSON**

**JASON S. MANKOFF**  
**KERRY D. SAFIER**  
**SHAYNA M. REITMAN**

July 13, 2007

**Via 3-Day Overnight Mail**

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

**Re: Black Forest Garage, Inc.**  
**Our File No.: MSWA305**

Dear Sir/Madam:

Enclosed please find the Resignation of Registered Agent for Black Forest Garage, Inc. Also enclosed please find a check for THIRTY-FIVE AND NO/100 (\$35.00) DOLLARS payable to the Florida Department of State. This amount is for the Filing Fee for this document.

Please return all correspondence concerning this matter to me at:

Shayna M. Reitman, Esquire  
Weiner & Aronson, P.A.  
102 North Swinton Avenue  
Delray Beach, Florida 33444

Please contact me should you require any further information concerning this matter. My telephone number is (561) 265-2666.

Thank you in advance for your assistance in this matter.

Very truly yours,



Shayna M. Reitman  
Enclosure  
SMR:kp

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, MICHAEL S. WEINER  
(Name of Registered Agent)

hereby resigns as Registered Agent for BLACK FOREST GARAGE, INC.  
(Name of Corporation)

K17906

(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:

\_\_\_\_\_  
(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

FILED  
07 JUL 16 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA