

m85674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

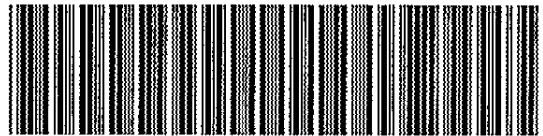
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900018569639

05/14/03--01088--008 **122.50

FILED
03 MAY 14 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/20/03
RA Res
SF

JOHN H. EVANS, P. A.

ATTORNEYS AT LAW

1702 SOUTH WASHINGTON AVENUE
TITUSVILLE, FLORIDA 32780

JOHN H. EVANS
DOUGLAS W. BAKER

TEL: 321/267-5504
FAX: 321/267-0418

May 12, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Coastal Auto Group, Inc.
Document Number: M85674
Our file No.: JHE-7376

Dear Sir or Madam:

Enclosed is check number 4459 for the amount of \$122.50 representing the filing fees of the following documents:

1. Resignation of Registered Agent for a Corporation (\$87.50)
2. Statement of Change of Registered Office (\$35.00)

I have enclosed an extra copy to be time stamped and mailed back to my office in the self addressed stamped envelope. Thank you for your assistance in this matter.

If you have any questions or comments, please contact my office.

Sincerely,


Douglas W. Baker, Esquire

DWB/slf
Enclosures
cc: Joseph W. Becker

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

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

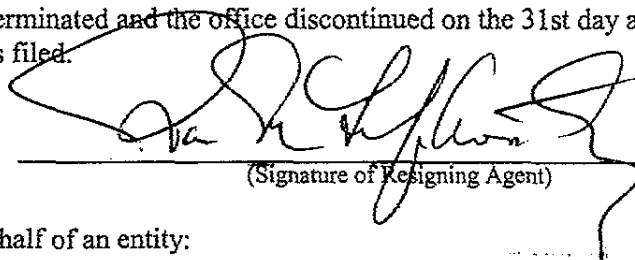
Florida Statutes, the undersigned, Ivan M. Lefkowitz
(Name of Registered Agent)

hereby resigns as Registered Agent for Coastal Auto Group, Inc.
(Name of Corporation)

M85674
(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:

N/A
(Typed or Printed Name)

N/A
(Capacity)

FILED
03 MAY 14 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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