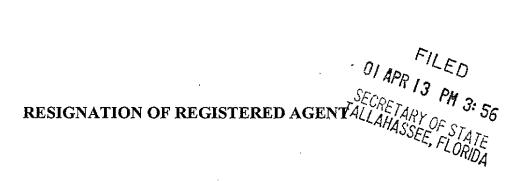
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Requester's Name			·	
	Address			
City/State/	Zip Phone #		_	
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			Office Use Only	_
CORPORATION	N NAME(S) & DOCU	UMENT NÜMBER(S)	, (if known):	
1				<u> </u>
(Corporation Name)		(Document #))	
2(0	(Corporation Name)		70000400 -04/13/01 ****168.	01059029
3	Corporation Name)	(Document #))	<u></u>
4(C	Corporation Name)	(Document #)	<u> </u>	<u>.</u>
☐ Walk in	Pick up time	<u></u>	Certified Copy	
☐ Mail out	☐ Will wait	Photocopy	Certificate of Sta	atus
NEW FILINGS		AMENDMENTS	SE TAL	<u>o</u>
Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of Change of Resignation/W Dissolution/W Merger	f R.A., officer/Director RY OF STARY OF	FILED APR 13 PM 3: 56
OTHER FILIN	OTHER FILINGS		VQUALIFICATION TO	20
Annual Report Fictitious Name		Foreign Limited Partne	ership	

Examiner's Initials



Florida Statutes, the undersigned, Rosalina Finelli (Name of registered agent)
hereby resigns as Registered Agent for The Finishing Touch Professiona Auto Detailing, Inc.
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:
POSALINA FINELLI (Typed or Printed Name)
PNES: (Canacity)

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

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314