

P01000043629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

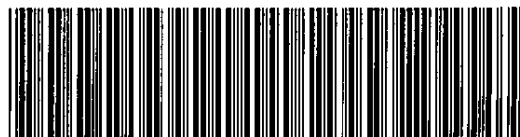
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FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: PO 10000 43629

The enclosed ~~Articles of Dissolution~~ and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emelina BODDEN
(Name of Contact Person)

C&L AUTO SALES, INC
(Firm/Company)

5904 NW 93 TER
(Address)

TAMARAC FL 33321
(City/State and Zip Code)

For further information concerning this matter, please call:

Emelina Bodden at 954 678-7746
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

**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, MORSAURIBARRI - PRESIDENT/OWNER
(Name of Registered Agent)hereby resigns as Registered Agent for C & I AUTO SALES, INC.
(Name of Corporation)PO1000043629
(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.MORSAURIBARRI - PRESIDENT-OWNER
(Signature of Resigning Agent)If signing on behalf of an entity: NO_____
(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withdrawn corporation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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