P02000020388

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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TRANSMITTAL LETTER

TO:	Amendment Section					
	Division of Corporations			-		
SUBJI	ECT: Acar Enterprises, Inc.					
		ame of	f Corpora	atior	1)	
DOCU	MENT NUMBER: P0200002038	8				
The en	closed Resignation of Registered Ager	nt for	a Corpo	orati	ion and fee are submitted for fi	ling.
Please	return all correspondence concerning	this m	atter to	the	following:	
Abdu	illah Acar					
	(Name of Person)			_		
	(
	(Name of Firm/Company)					
004 6						
0016	Brickell Key Blvd. (Address)			_		
	(Address)					
Miam	ni FL 33131					
	(City/State and Zip Code)			_		
For fur	ther information concerning this matte	r, ple	ase call:	:		
Tuba	Ensari	at (305)	579-2335	
	(Name of Person)	~ \ (<i>t</i>		ie &	Daytime Telephone Number)	

n or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	07.0502(2), 617.0502(2), 607.1509, or 617.1	1309,	
Florida Statutes, the undersigned, Pr	nilippe J. Brian		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	Acar Enterprises, Toc.		
, , , , , , , , , , , , , , , , , , , ,	(Name of Corporation)		
P02000020388			
(Document Number, if known)			
A copy of this resignation was mailed to	o the above listed corporation at its last know	vn address.	
this statement is filed.	discontinued on the 31st day after the date of	on which	
174	elike J. Brain	25 95	
—————(Si	gnature of Resigning Agent)	OS HAY	T
If signing on behalf of an entity:		Y 13 ETARY HASSE	
		AM 9: 21 OF STAT E, FLORI	
•	Typed or Printed Name)	9: 24 STATE FLORITE	
	(0 :)		
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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