875PP0000099578

(Requestor's Name)			
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(Do	cument Number)		
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Special Instructions to	Filing Officer:		
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Office Use Only



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10/14/08--01021--019 **87.50

2008 OCT 14 PM 1: 17
SECRETARY OF STATE

R.A. Presignation
TB m/20/08

COVER LETTER

10:	Amendment Section Division of Corporations
SUBJ	ECT: Auto Pros Sales and Leasing Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P02000099578
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Arthi	ur M Watkins
	(Name of Person)
Auto	Pros Sales and Leasing Inc.
	(Name of Firm/Company)
1022	20 NW 27th Ave
	(Address)
Mian	ni, FL 33147
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Arthu	at (305) 696-2277
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active corpora .00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,Samantha Zelaya
(Name of Registered Agent)
hereby resigns as Registered Agent for Auto Pros Sales and Leasing Inc.
(Name of Corporation)
P02000099578
(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:
Samantha Zelaya
(Typed or Printed Name)
President
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

P02000099578

(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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0-46-40
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operation and actions to 1 ming officer.
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Office Use Only



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10/14/08--01021--020 **35.00

SECRETARY OF STATE TALLAHASSEE. FLORIDA

officer Resignation
TR 15/70/08

COVER LETTER

TO: Amendment Division of	t Section Corporations	
SUBJECT. Auto	Pros Sales and Leasing Inc.	
SOBJECT	(Name of Corporation)	-
DOCUMENT NU	MBER:P02000099578	
The enclosed Office	er/Director Resignation for a Corporation and fee are submitted for fil	ing.
Please return all co	rrespondence concerning this matter to the following:	
Arthur M Watkir	3	
	(Name of Person)	
Auto Pros Sales	and Leasing Inc.	
	Name of Firm/Company)	
10220 NW 27th	Ave	
	(Address)	
Miami, FL 3314		
	City/State and Zip Code)	
For further informa	tion concerning this matter, please call:	
Arthur M Watkins	at (305) 696-2277 me of Person) (Area Code & Daytime Telephone Number	
(Na	me of Person) (Area Code & Daytime Telephone Number	·)
Enclosed is a check	for \$35.00 made payable to the Florida Department of State.	
Street Address: Amendment Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	tions Division of Corporations Post Office Box 6327 ter Circle Tallahassee, FL 32314	

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
2008 OCT 14 PM 12: 50
TALLAHASSEE. FLORIDA

I, Samantha Zelaya	, hereby resign as president	
27	(Title)	
of_ Auto Pros Sales and Leasing In		
(Name of	Corporation)	
P02000099578	a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida		
(Sig	patule of resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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