## P0300004403

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	

Office Use Only



700275772727

08/10/15--01016--026 \*\*87.50

SECRETARY OF STAIL

PARES

AUG 11 2015 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Broward Foreign Auto Sales, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P03000044403

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alvin C. Mitchener

(Name of Person)

Broward Foreign Auto Sales, Inc.

(Name of Firm/Company)

5598B NW 10th Terrace

(Address)

Fort Lauderdale, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Alvin Mitchener

,,954 \274-6948

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Alvin C. Mitchener	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Broward Foreign Auto Sales, Inc.	
(Name of Corporation)	
P03000044403	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known addr	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	,n
this statement is fried.	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	p=
	31VĬ
ALVIN . C. MITCHENER	SIGN
(Typed or Printed Name)	
REGISTERED AGENT (Capacity)	PH 3: 30
	2015 AUG 10 PM 3: 30

## 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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