

P03000111485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

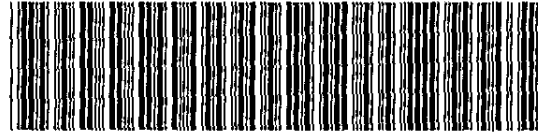
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100059120831

09/06/05--01055--006 \*\*87.50

FILED  
05 SEP - 6 PM 4:17  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

RA Res.  
CM sf

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HORIZON REPAIRS INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000111485

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:

MIKE BRIGANDI

(Name of Person)

HORIZON REPAIRS INC.

(Name of Firm/Company)

3789 FOWLER STREET SUITE C

(Address)

FT MYERS, FL 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

MIKE BRIGANDI

(Name of Person)

at ( 239 ) 278-0142

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, SHAWN BROUGHTON

(Name of Registered Agent)

hereby resigns as Registered Agent for HORIZON REPAIRS INC.

(Name of Corporation)

P03000111485

(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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**FILED**  
05 SEP - 6 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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