

PO 3000124111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Accident Check of Orlando Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO3000124111

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:

Martin M. Unkefer  
(Name of Person)

Accident Check of Orlando Inc.  
(Name of Firm/Company)

279 N. Texas Ave  
(Address)

Orlando Florida 32805  
(City/State and Zip Code)

For further information concerning this matter, please call:

George Forman at (407) 737-6545  
(Name of Person) (Area Code & Daytime Telephone Number)  
3/26/04

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Martin Muller Unkefer, hereby resign as secretary  
(Title)

of Accident Check of Orlando Inc.  
(Name of Corporation)

PO3000124111, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Martin M Unkefer  
(Signature of resigning officer/director)

3/26/04

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TALLAHASSEE, FLORIDA

**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

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