

**PD40000028374**  
Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0380

From:  
Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 224-7047

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04 APR 14 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT RESIGNATION**

**QUALITY FUEL CONTROL INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

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CAPITAL CONNECTION

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**TRANSMITTAL LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: QUALITY FUEL CONTROL, INC.  
(Name of Corporation)

DOCUMENT NUMBER: PO4000028374

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:

Victor R. Smith  
(Name of Person)

The Smith Law Group, P.A.  
(Name of Firm/Company)

P.O. Box 1145  
(Address)

Lake Alfred, Florida 33850  
(City/State and Zip Code)

For further information concerning this matter, please call:

Victor R. Smith at ( 863 ) 956-1119  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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CAPITAL CONNECTION

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**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, VICTOR R. SMITH  
(Name of Registered Agent)

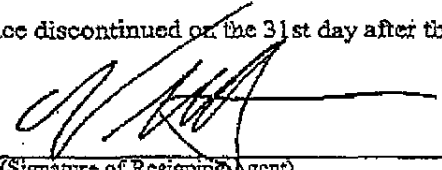
hereby resigns as Registered Agent for QUALITY FUEL CONTROL INC.  
(Name of Corporation)

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(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)

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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

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