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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2008

FABIO FERNANDEZ 1414 CREEK SPRINGS DR. ALLEN, TX 75002

Ref. Number: P0400008367

INCLUMPTEN 1 AUTOMOTIVE, INC.

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

IN ORDER TO RESIGN AS OFFICER/DIRECTOR, THE ENCLOSED FORM SHOULD BE FILED AND SUBMITTED WITH THE FILING FEE OF \$35,00.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Letter Number: 508A00027589

Karen Gibson Document Specialist Supervisor

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: In geguipment Du tomotive. (Name of Corporation)
DOCUMENT NUMBER: 104000 8367
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:
Fabio tengandez
(Name of Person)
(Name of Firm/Company)
1414 Greek Springs 120
Allon, Tx, 75002 (City/State and Zip Code)
For further information concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, $+0510+000000$
hereby resigns as Registered Agent for Ingerial (Name of Registered Agent) (Name of Registered Agent) (Name of Corporation)
O4 0000 83 67 (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)

### 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