

PO4000102247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

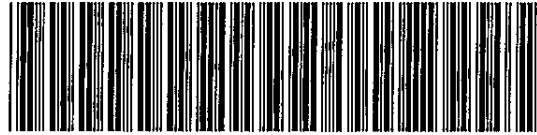
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400047918324

Resignation

*DR
RA*

03/15/05--01032--012 **122.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAR 15 PM 4:19

FILED

FILED

RECEIVED

*DR
3/15/05*

\$ 87.50



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN
PICK UP 3/5/02

CERTIFIED COPY

CUS

PHOTO COPY

FILING *Resignation of RA*

1.) *Auto University Inc*
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
05 MAR 15 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.4509,
Florida Statutes, the undersigned, L. JOSEPH SCHMOKE
(Name of Registered Agent)

hereby resigns as Registered Agent for AUTO UNIVERSITY INC.
(Name of Corporation)

P 04000102247
(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withdrawn corporation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