## 4000168283 2005 NOV. AM 10: 23

(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:

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## **COVER LETTER**

Division of Corporations
SUBJECT: J. A.M.S. Auto Mart Drc. (Name of Corporation)
DOCUMENT NUMBER: P04000168283
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:
Nelson Merced (Name of Person)
J. A.M.S. Auto Mart Pre. (Name of Firm/Company)
1416 Chisholm Ridge Ct. (Address)
St. Cloud FL 3477] (City/State and Zip Code)
For further information concerning this matter, please call:
Nelson Merced at (407) 701-3673 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

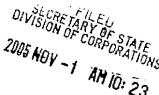
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

## 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, Nelson E Merced (Name of Registered Agent)
hereby resigns as Registered Agent for J. A.M.S. Auto Mart, Or. (Name of Corporation)
Po4000 16 82 8 3 (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 Wasigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)