

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : GM FINANCIAL GROUP

Account Number : I19980000102

Phone Fax Number : (954)428-8899 : (954)428-6699

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:

## REGISTERED AGENT RESIGNATION BENZAK CORPORATION

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C. LEWIS

FEB 1 9 2014

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**EXAMINER** 

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: BENZAK CORPORATION
(Name of Corporation)  DOCUMENT NUMBER: P05000002213
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil
Please return all correspondence concerning this matter to the following:
BARBARA KLUPT
(Name of Person)
GM FINANCIAL GROUP LIMITED INC.
(Name of Firm/Company)
1499 W PALMETTO PK RD 130
(Address)
BOCA RATON, FL 33486
(City/State and Zip Code)
For further information concerning this matter, please call:
BARBARA KLUPTat (954)4288899
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 02-18-14;03:36PM;

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SECRETARY OF STATE TALL AHASSEE, FLORIDA

## 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, JEFFREY KLUPT
(Name of Registered Agent)
hereby resigns as Registered Agent for BENZAK CORPORATION (Name of Comparison)
(Name of Corporation)
P05000002213
(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.
M WKA
(Figurature 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