P05000014886

•		
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne) .
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	٦





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or who also

COVER LETTER

SUBJECT: MC BODY SHOP & AUTO SALES, INC. (Name of Corporation)	
• • •	
DOCUMENT NUMBER: P05000014886	
The enclosed Resignation of Registered Agent for a Corporation and	d fee are submitted for filing
Please return all correspondence concerning this matter to the follow	ving:
DONNIE CLARK	
(Name of Person)	
DONNIE CLARK & ASSOCIATES	
(Name of Firm/Company)	
912 N 21st STREET	
(Address)	
FORT PIERCE, FLORIDA 34950	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
DONNIE CLARK at (561) 662-	-7235
	me 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Ma	adeline Etienne	
•	(Name of Registered Agent)	
hereby resigns as Registered Agent for	MC BODY SHOP & AUTO SALES, INC.	
	(Name of Corporation)	
P05000014886		
(Document Number, if known)	_	
A copy of this resignation was mailed to	o the above listed corporation at its last known address.	
this statement is filed.	discontinued on the 31st day after the date on which mature of Resigning Agent)	
If signing on behalf of an entity:	SEP 16 1 AHASSEE	
	Typed or Printed Name) FLORIDE (County)	EO
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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