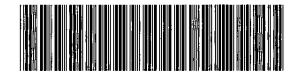
P0500035905

| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: CORAL WAY TIRES AND SERVICE, CORP |
| (Name of Corporation) |
| DOCUMENT NUMBER: P05000035905 |
| 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: |
| ARISTIDES FERNANDEZ |
| (Name of Person) |
| FERNANDEZ ACCOUNTING & TAX SERVICES INC |
| (Name of Firm/Company) |
| 1770 W FLAGLER ST STE 6 |
| (Address) |
| MIAMI FL 33135 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| ARISTIDES FERNANDEZ at (305) 298-6579 |
| (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of State for \$87.50 for an active corpora or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

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 section | ins 607.0502(2), 617.0502(2), 607.1509, or 617.1 | 1509, |
|---|--|---------------------|
| Florida Statutes, the undersigned, | FERNANDEZ ACCOUNTING & TAX SER | VICES IN |
| | (Name of Registered Agent) | |
| ereby resigns as Registered Agent for CORAL WAY TIRES AND SERVICE, CORP (Name of Corporation) | | |
| , , , | , | |
| P05000035905 | | |
| (Document Number, if known) | | |
| A copy of this resignation was mai | led to the above listed corporation at its last know | vn address. |
| The agency is terminated and the o this statement is filed. | ffice discontinued on the 31st day after the date of | on which |
| Qu | (Signature of Resigning Agent) | |
| | (Signature of Resigning Agent) | |
| If signing on behalf of an entity: | | 09 SECR TALLA |
| ARISTIDES F | ERNANDEZ | MAR 3 |
| | (Typed or Printed Name) | LE A A B |
| PRESIDENT | | D STAT |
| | (Capacity) | \$ 55 55 |

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