

POS000054909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

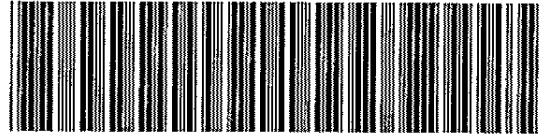
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Ps 8/24/05  
NA/NO

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MOBILE WHOLESALE CORP  
(Name of Corporation)

DOCUMENT NUMBER: P05000054909

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:

GARY ARIAS  
(Name of Person)

MOBILE WHOLESALE CORP  
(Name of Firm/Company)

2854 STIRLING RD SUITE Q  
(Address)

HOLLYWOOD FL. 33020  
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY ARIAS at (954) 554-8515  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MOBILE WHOLE SALES CORP.  
2. The principal office address: 2854 STIRLING RD SUITE Q  
HOLLYWOOD, FL 33020  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/13/05 Document number: P05000054909

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ALAN DANKOUR  
1880 S. OCEAN PR. APT 608L  
HALIANDALE, FL. 33009


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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

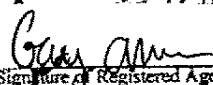
GARY ARIAS  
2854 STIRLING RD SUITE Q  
(P.O. Box NOT acceptable)  
HOLLYWOOD, FL. 33020

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 ALAN DANKOUR  
(Signature of an officer or director) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 8/15/05  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314