

P05000072300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Resignation
of RA

10/06/06--01016--020 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 OCT -6 AM 11:35

RA
10/9/06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Auto Dimensions Repairs, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO5000072300

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos E. Lemus
(Name of Person)

(Name of Firm/Company)

405 W. 76 street
(Address)

Hialeah, FL 33014
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos E. Lemus at (786) 586-1815
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION

2006 OCT -6 AM 11:35

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

Carlos E. Lemus

(Name of Registered Agent)

hereby resigns as Registered Agent for

Auto Dimensions Repairs, Inc.

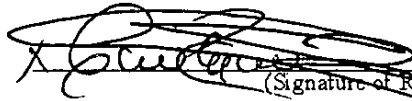
(Name of Corporation)

P05000072300

(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 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withdrawn corporation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