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(Re	equestor's Name)	
(Ac	ldress)	
, (Ac	ldress)	
· (Ci	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:	





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## **COVER LETTER**

Division of Corporations
SUBJECT: KING RENT A CAR INC (Name of Corporation)
DOCUMENT NUMBER: P05000100141
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:
Alex M. SIVAR (Name of Person)
• · · · · · · · · · · · · · · · · · · ·
KING Root A CAR Inc (Name of Firm/Company)
Po (bx 18742 (Address)
Jackson ville FL 32229
(City/State and Zip Code)
For further information concerning this matter, please call:
TAMER KEKEC at (904) 741-3680 (Area Code & Daytime Telephone Number)
(Mea Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active con

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.1	509,	
Florida Statutes, the undersigned, Plex M. SIVAR		
(Name of Registered Agent)		
hereby resigns as Registered Agent for KWa Rent A CAR Inc. (Name of Corporation)	,	
P05000100141		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last know	vn address.	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	7 APR I ECRETA LAHAS	T
sudeeico In	RY SE	
(Signature of Resigning Agent)  If signing on behalf of an entity:	AM 8:51 OF STATE E. FLORIO&	
(Typed or Printed Name)		
ę.		
(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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