

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name : HENDRY, STONER, CALANDRINO & BROWN,

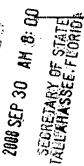
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REGISTERED AGENT RESIGNATION

TAINO CAR SERVICES, US, INC.

Certificate of Status	0
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9/30/2008

1 H08000226428 3

COVER LETTER

Division of Corporations		
SUBJECT: TAINO CAR SERVICES, US, INC.		
(Name of Corporation)		
DOCUMENT NUMBER: P05000130323		
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:		
G. STEVEN BROWN		
(Name of Person)		
HENDRY, STONER, CALANDRING & BROWN, P.A.		
(Name of Firm/Company)		
20 N. ORANGE AVE., SUITE 600		
(Address)		
ORLANDO, FLORIDA 32801		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
G. STEVEN BROWN at (407) 843-5880 (Area Code & Daytime Telephone Number)		
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.		
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		

CR2E046(08/05)

1

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, HE	NDRY, STONER, CALANDRINO & BROWN, P.A.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	TAINO CAR SERVICES, US, INC.	
	(Name of Corporation)	
P05000130323		
(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 this statement is filed.	se discontinued on the 31st day after the date on which	
(5	Signature of Resigning Agent)	
If signing on behalf of an entity:	~	
G. STEVEN BRO	DWN Z S S	
·	(Typed or Printed Name)	ian y
ATTORNEY	SSET O	September 1
	(Capacity)	

Fee for filing this document: \$87.50 - Active corporation

\$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