P05000144922

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Öfficer:		
		,



MAJKO (O. 9.04)



300075667033

06/02/06--01024--002 **87.50



COVER LETTER

Division of Corporations
SUBJECT: Brooksville Carwash Inc
DOCUMENT NUMBER: P05000144922
DOCUMENT NUMBER: POSOO199922
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:
(Name of Person)
Calabro Financial Management Inc
35 South Melbourne St (Address)
Beverly Hills FL 34465 (City/State and Zip Code)

For further information concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

TO:

Amendment Section

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 617.1509,

Pursuant to the provisions of sections 607.0502(2), 617.0502	(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Calabro Fin	ancial Management, Inc
hereby resigns as Registered Agent for Brooks Vi	lle Carwash Inc
P05000144922	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed cor	poration at its last known address.
The agency is terminated and the office discontinued on the 3 this statement is filed.	31st day after the date on which
Highature of Resigning Age	nt)
If signing on behalf of an entity:	
Joseph Calabr (Typed or Printed Name)	-o -v. 8
S. L.	PE II

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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