# B6000065836

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2009 MAR -9 PM 3552
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AOR 3/9/09



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2009

Howard Helfer 8760 NW 36th Ave. #A Miami, FL 33147

SUBJECT: AUTOMOBILE LOADERS OF FLORIDA INC.

Ref. Number: P06000065836

We have received your document for AUTOMOBILE LOADERS OF FLORIDA INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a limited liability company instead of a corporation. If you wish to resign as president please fill out the enclosed resignation of officer form. You are also listed as the registered agent. If you wish to resign as the registered agent you may fill out the enclosed resignation of registered agent form. The fees are \$87.50 to resign as the registered agent and \$35.00 to resign as the officer. Therefore if you wish to resign as BOTH the officer and registered agent please send an addition \$67.50.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 009A00007102

SECRETARY OF STATE TALL AHASSEE, FLORIOA

00:8 MA 6- MAH 800S

RECEIVED

#### COVER LETTER

Division of Corporations
SUBJECT: A UTO MOBILE LOADERS of FLORIDA (Name of Corporation)
DOCUMENT NUMBER: PO 6000 6583 6
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:
Howard Helfen (Name of Person)
AutoroBile Loavens of Kwains (Name of Firm/Company)
8730 NW 36 Swe (Address)
MINNI PC 33147 (City/State and Zip Code)
For further information concerning this matter, please call:
Howard Helfen at (954) 732-6836 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

## FILED

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2009 MAR -9 PM 3:52

SECRETARY OF STATE TALLAHASSEE.FLORIDA

i, Hourn	Helfen, hereby resign as President (Title)
of Automobile	Lospens of Phornos Inc. (Name of Corporation)
Pobooo 65836 (Document Number, if kn	a corporation organized under the laws of the State of
PLORIDA	

(Signature of esigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314