Po600065836

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resignation of

02/25/09--01025--022 **55.00

03/10/09--01004--011 **67.50

FILED

1009 MAR -9 PM 3:51

SECRETARY OF STATE

ASR 3/9/09

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Auto Mo BILT LOSCES of PLORIDA (Name of Corporation)
DOCUMENT NUMBER: PO6000 65836
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Howard Heifen (Name of Person)
AUTOMOBILE LUADENS OF FLORIDA (Name of Firm/Company)
8730 Nw 36 Ave. (Address)
MIAMI PLONING 33147 (City/State and Zip Code)
For further information concerning this matter, please call:
Howard Helfer at (Ssy) 732-6930 (Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:

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

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

FILED

RESIGNATION OF REGISTERED AGENT 2009 MAR -9 PM 3: 58 FOR A CORPORATION SECRETARY

SECRETARY OF STATE TALLAHASSEE, FLORIDA

¹ .0502(2), 617.050	2(2), 607.1509,	or 617.	1509,	
Howarn (Name o	Helfen of Registered Agent	t)		
	_		PLORIDA	Inc.
_				
the above listed co	rporation at its l	ast kno	wn address.	
/		ne date	on which	
feet fature of Resigning Ag	ent) ,			
O HEIFER yped or Printed Name)				
(Capacity)				
t	he above listed co iscontinued on the Auro of Resigning Ag	Howard Helfer (Name of Registered Agent A JUNOBILE LUADERS (Name of Corporation) the above listed corporation at its list day after the list of Resigning Agent) Delfer (Ped or Printed Name)	Howard Helfen (Name of Registered Agent) A JUNOBLE Luggers Of (Name of Corporation) the above listed corporation at its last know is continued on the 31st day after the date of Resigning Agent) Deference of Printed Name)	(Name of Corporation) (Name of Corporation) The above listed corporation at its last known address. Its continued on the 31st day after the date on which I feet ature of Resigning Agent) O Heren Oped or Printed Name)

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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