Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : VICTOR LERRO & COMPANY, P.A.

Account Number : I20040000119 Phone : (561)995-0064 : (561)995-7551 Faz Number

\*\*Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please. \*\*

Email Address:

## REGISTERED AGENT RESIGNATION CHARLY'S TOW TRUCKS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

(((H13000023605 3)))

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CHARLY'S TOW TRUCKS, INC.
(Name of Corporation)
DOCUMENT NUMBER: P07000103208
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:
VICTOR LERRO
(Name of Person)
VICTOR LERRO & COMPANY PA
(Name of Firm/Company)
50 SW 2ND AVENUE STE 201
(Address)
BOCA RATON, FL 33432
(City/State and Zip Code)
For further information concerning this matter, please call:
VICTOR LERRO

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

(Area Code & Daytime Telephone Number)

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

(Name of Person)

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

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((((H13000023605 3)))	FILED
RESIGNATION OF REGISTERED AGENT FOR A CORPORATION	DAN 30 AM 10: 03
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1309, 6	or 617.1509,
Florida Statutes, the undersigned, VICTOR LERRO & COMPANY F (Name of Registered Agent)	'A
hereby resigns as Registered Agent for CHARLY'S TOW TRUC (Name of Corporation)	KS, INC.
P07000103208 (Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its la.  The agency is terminated and the office discontinued on the 31st day after the this statement is filed.	
(Signature of Resigning Agent)  If signing on behalf of an entity:	
VICTOR LERRO (Typed or Printed Name)	
PRESIDENT (Capacity)	- <u></u>

## 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

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