P. 001/003

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

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CORETARY OF STATE

REGISTERED AGENT RESIGNATION TEXAS AUTO CREDIT, INC.

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COVER LETTER

	Division of Corporations Toyas Auto Cradit, Inc.
SUBJ	TECT: Texas Auto Credit, Inc. (Name of Corporation)
מאריי	UMENT NUMBER: P07000129954
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Mich	nael H. Robbins
	(Name of Person)
	(Name of Firm/Company)
101	E. Kennedy Boulevard, Suite 2800
	(Address)
Tam	pa, FL 33602
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Mich	ael H. Robbins at (813) 227.2230 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporatio 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

CR2E046(08/05)

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



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Mi	chael H. Robbins
_	(Name of Registered Agent)
hereby resigns as Registered Agent for	Texas Auto Credit, Inc.
, , ,	(Name of Corporation)
P07000129954	
(Document Number, if known)	
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
this statement is filed.	discontinued on the 31st day after the date on which
If signing on behalf of an entity:	
	Typed or Printed Name)
	•
	:
•	(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation FLORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314