## P08000035073

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	:y/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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RA Resign.
08/13/08

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: European Cars and Boats Inc	
(Name of Corporation)	***************************************
DOCUMENT NUMBER: P08000035073	
The enclosed Resignation of Registered Agent for a Corporation and fee are s	submitted for filing.
Please return all correspondence concerning this matter to the following:	
Charlotte Pecjinovic	
(Name of Person)	
European Cars and Boats Inc	
(Name of Firm/Company)	
300 East Oakland Park Boulevard Ste 368	
(Address)	
Fort Lauderdale, FL 33334	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
Charlotte Pecjinovic at ( 954 ) 776-5611	<del></del>
(Name of Person) (Area Code & Daytime Teleph	one Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 section	s 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Charlotte Pecjinovic
	(Name of Registered Agent)
hereby resigns as Registered Agent	European Cars and Boats, Inc.
	(Name of Corporation)
P08000035073	
(Document Number, if known)	<del></del>
A copy of this resignation was maile	ed to the above listed corporation at its last known address.
The agency is terminated and the off this statement is filed.	fice discontinued on the 31st day after the date on which  Signature of Resigning Agent)
If signing on behalf of an entity:	
_ CHM	Typed or Printed Name (Typed Or Printed Name)
	(Capacity)
\$87.50 \$35.00	iling this document: Active corporation Administratively dissolved/voluntarily dissolved/ withdrawn corporation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