Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: SHUMAKER, LOOP & KENDRICK LLP Account Name

Account Number: 075500004387

: (813)229-7600

Fax Number

: (813)229-1660

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

Email Address: shcintz@carbiz.com

REGISTERED AGENT RESIGNATION CARBIZ AUTO CREDIT IN1, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Carbiz Auto Credit IN1, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: P09000012281	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fili	ng.
Please return all correspondence concerning this matter to the following:	
Michael H. Robbins	
(Name of Person)	
(Name of Firm/Company)	
101 E. Kennedy Boulevard, Suite 2800	
(Address)	
Tampa, FL 33602	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael H. Robbins at (813) 227.2230	•
Michael H. Robbins at (813) 227.2230 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	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

SHUMAKER LOOP & KENDRICK

Pursuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, or 617.1309,		
Florida Statutes, the undersigned, Michael H. Robbins		
(Name of Registered Agent)		
hereby resigns as Registered Agent for Carbiz Auto Credit IN1, Inc.		
(Name of Corporation)		
P09000012281		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known address.	10 FEI	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	FEB 10 PM12: 15	五年 1000
If signing on behalf of an entity:	Ů,	
(Typed or Printed Name)		
(Capacity)		

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