Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H100000304383)))



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To:

Division of Corporations

Fax Number :

: (850)617-6380

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (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: sheinz@carbiz.com

REGISTERED AGENT RESIGNATION CARBIZ AUTO CREDIT IN2, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$87.50

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Carbiz Auto Credit IN2, Inc.		
(Name of Corporation)		
DOCUMENT NUMBER: P09000012282		
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:		
Michael H. Robbins		
(Name of Person)		
\cdot		
(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 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,Mid	chael H. Robbins
Troited Diministry and undersigned,	(Name of Registered Agent)
hereby resigns as Registered Agent for	Carbiz Auto Credit IN2, Inc.
. 0	(Name of Corporation)
P09000012282	
(Document Number, if known)	
	the above listed corporation at its last known address.
this statement is filed.	discontinued on the 31st day after the date on which
(Sig	nature of Resigning Agent)
If signing on behalf of an entity:	
-	
(2	Typed 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

(Capacity)