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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:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number: 075500004387 Phone: (813)229-760

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: sheint/@carbiz.com

REGISTERED AGENT RESIGNATION CARBIZ AUTO CREDIT IN3, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Carbiz Auto Credit IN3, Inc. (Name of Corporation)
DOCUMENT NUMBER: P09000012284
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)
(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)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

	ON OF REGISTERED AGENT A CORPORATION	TALLAH T
	(Name of Registered Agent)	17.1509, \$5 R. O. B. O.
hereby resigns as Registered Agent for P09000012284	Carbiz Auto Credit IN3, Inc. (Name of Corporation)	
(Document Number, if known) A copy of this resignation was mailed to The agency is terminated and the office this statement is filed.	•	
If signing on behalf of an entity:		
	Гуреd or Printed Name)	
<i>:</i>	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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