## 251PH 0000PP9

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e#)
	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900168441299

02/22/10--01060--025 \*\*87.50

SECKETARY OF STATE TALLAHASSEE, FLORIDA

FILED 2010 FEB 22 AM 8:

R.A. Resign.

TB FEB 2 4 2010

## **COVER LETTER**

UBJEC	$_{ m CT:}$ Palm Beach Auto Painting & C		
	(Nar	ne of Corpora	tion)
OCUM	MENT NUMBER: P09000049122		
The enclo	osed Resignation of Registered Agent	t for a Corpo	ration and fee are submitted for filing.
lease re	eturn all correspondence concerning th	nis matter to	the following:
Sheik h	Hyatt		
	(Name of Person)		_
Palm B	Beach Auto Painting & Collision Ce	enter Inc.	
	(Name of Firm/Company)	***************************************	<del></del>
15125	S.E 93rd Court		
· · · · · · · · · · · · · · · · · ·	(Address)		_
Summe	erfield FL, 34491		
	(City/State and Zip Code)	·····	_
For furth	ner information concerning this matter	, please call:	
Sheik H	-lyatt ,	at ( 772	497-4545
	(Name of Person)	(Area Coo	le & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## 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, SH	EIK A HYATT	
, , , , , , , , , , , , , , , , , , , ,	(Name of Registered Agent)	
hereby resigns as Registered Agent for	ered Agent for PALM BEACH AUTO PAINTING AND COLLISION	
notes in the second of the sec	(Name of Corporation)	CENTE
P09000049122		_
(Document Number, if known)	<del>-</del>	
A copy of this resignation was mailed to	the above listed corporation at its last known address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which	
(Sig	gnature of Resigning Agent)	
If signing on behalf of an entity:	•	
	7A S 781	
	i i i i i i i i i i i i i i i i i i i	TT
(**	Typed or Printed Name)  Typed or Printed Name)  Typed or Printed Name)	一回
	(Capacity) 89	

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