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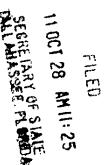
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## **COVER LETTER**

Division of Corporations Mototworks of South Florida,Inc (Name of Corporation) P11000050890 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cheryl A Cutler (Name of Person) Motorworks of South Florida, Inc. (Name of Firm/Company) 5981 Funston Street A-3 (Address) Hollywood FI 33023 (City/State and Zip Code) For further information concerning this matter, please call: at ( 954 ) 471-0489 (Area Code & Daytime Telephone Number) Cheryl A Cutler (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 66                        | 07.0502(2), 617.0502(2), 607.1509, or 617.1509,      |               |
|--|--|---------------|
| Florida Statutes, the undersigned, Ch                            | eryl A Cutler  |               |
|  | (Name of Registered Agent)                           |               |
| hereby resigns as Registered Agent for                           | Motorworks of South Florida Inc                      |               |
| ,  | (Name of Corporation)                                | <del></del>   |
| P11000050890   |  |               |
| (Document Number, if known)                                      | _  |               |
| A copy of this resignation was mailed to                         | the above listed corporation at its last known addre | ess.          |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st day after the date on which | 1             |
| hey  | gnature of Resigning Agent)                          |               |
| If signing on behalf of an entity:                               |  | 11 00<br>SECR |
| Cheryl A Cutler  |  | OCT 28        |
| (  | Typed or Printed Name)                               | 28 AM II:     |
|  |  | SIE 2         |
|  | (Capacity)   | OTH U         |

## 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