

P14000082980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100305134351

11/02/17--01011--005 \*\*67.50

FILED

17 NOV - 1 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Thares

R. WHITE

NOV - 8 2017

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Blue Diamond Auto Detailing and Car Wash Corp.  
(Name of Corporation)

DOCUMENT NUMBER: P14000082980

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:

Carlos S. Rubido  
(Name of Person)

Blue Diamond Auto Detailing and Car Wash Corp.  
(Name of Firm/Company)

5770 SW 39 St  
(Address)

Miami FL 33155  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos S. Rubido at (786) 499-9941  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.

Florida Statutes, the undersigned, \_\_\_\_\_

Sheila S. Suarez  
(Name of Registered Agent)

hereby resigns as Registered Agent for \_\_\_\_\_

Blue Diamond Auto Detailing and  
Car Wash Corp.  
(Name of Corporation)

P14000082980

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]

(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 NOV - 1 PM 1:50

FILED

**Fee for filing this document:**

\$87.50 - Active Corporation ✓

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

*See Attached.*

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314