

P14000093979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

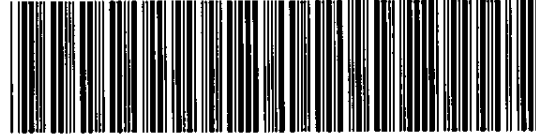
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
16 FEB - 1 AM 8:51
STATE DEPT OF STATE
HARRISBURG, PA 17104

02/02/16--01002--004 **35.00

RECEIVED
DEPARTMENT OF STATE
16 FEB - 1 PM 3:44

PA
Resign.

FEB 2 2016

D CONNELL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FLEE AUTO SALES, INC.

Signature

Requested by: BAN

2/1

PM

Name _____

Date _____

Time

Walk-In

Will Pick Up

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File_____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark_____

Merger File_____

Art. of Amend. File _____

☒ RA Resignation_____

Dissolution / Withdrawal_____

Annual Report / Reinstatement_____

Cert. Copy _____

Photo Copy_____

Certificate of Good Standing_____

Certificate of Status_____

Certificate of Fictitious Name_____

Corp Record Search_____

Officer Search_____

Fictitious Search

Fictitious Owner Search_____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search

UCC 11 Retrieval

Courier_____

**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,

YOUNG CAPITAL CONNECTION, INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for

Fleet Auto Sales, INC
(Name of Corporation),

P.14000093979

(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.

Barbara Neely
(Signature of Resigning Agent)

If signing on behalf of an entity:

YOUNG CAPITAL CONNECTION, INC.
(Typed or Printed Name)
CLIENT REPRESENTATIVE
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

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withdrawn corporation

RECEIVED
FEB 16 2011
16 FEB -1 AM 8:51
P. 14000093979

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