## P16000003404

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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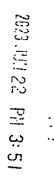
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000410947310 s. chatham

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## **COVER LETTER**

Amendment Section Division of Corporations TO:

PAUL BLANCO'S GOOD CAR COMPANY TAMPA/PINELLAS PARK SUBJECT:
(Name of Corporation)
DOCUMENT NUMBER: P16000003404
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:
MAE BARBA
(Name of Person)
PARACORP INCORPORATED
(Name of Firm/Company)
PO BOX 160568
(Address)
SACRAMENTO CA 95833
(City/State and Zip Code)
For further information concerning this matter, please call:
MAE BARBA (Name of Person)  at (800) 533.7272 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

	607.0502(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned, PARA	ARACORP INCORPORATED
Troited stateties, the unocosgious,	(Name of Registered Agent)
hereby resigns as Registered Agent fo	PAUL BLANCO'S GOOD CAR COMPANY TAMPA/PINELLAS PARK
metery resigns as registered rigent re	(Name of Corporation)
P16000003404	
(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 offithis statement is filed.	ce discontinued on the 31st day after the date on which
	(C. T. D. J.
If signing on behalf of an entity:	Signature of Resigning Agent)
JODY MOUA	4
	(Typed or Printed Name)
ASST. SECRETA	RY FOR PARACORP INCORPORATED

## 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

(Capacity)