

P16000014544

(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:

Maria Ruiz
called to say that
the person signing
resignation is
Ernesto

Office Use Only

Lorenzo
which is the
resigning
agent.



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03/06/17--01033--015 **87.50

FILED

17 JAN 14 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign.

MAR 14 2017

D CONNEL

03/14/17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C LORENZO BODY SHOP INC
(Name of Corporation)

DOCUMENT NUMBER: P16000014544

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:

MARIA E RUIZ

(Name of Person)

L M ACCOUNTING SERVICES

(Name of Firm/Company)

7750 SW 117TH AVE SUITE 201D

(Address)

MIAMI FLORIDA 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA E RUIZ

(Name of Person)

at (**305**) **595-2407**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, ERNESTO LORENZO

(Name of Registered Agent)

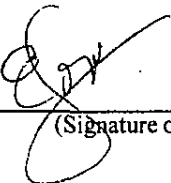
hereby resigns as Registered Agent for CLORENZO BODY SHOP INC
(Name of Corporation)

P16000014544

(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 of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
17 JAN 14 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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