

PI7000 037 221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

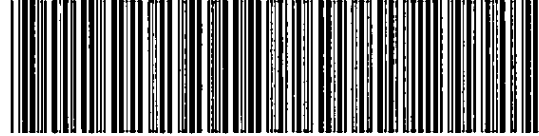
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

SEP 13 2019  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Selective Autos Inc.

(Name of Alien Business Organization)

**DOCUMENT NUMBER:** P17000037221

The enclosed Resignation of Registered Agent for an Alien Business Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jadian Valdez

(Name of Person)

Selective Autos Inc.

(Name of Firm/Company)

5916 N Nebraska Ave

(Address)

Tampa, FL

(City/State and Zip Code)

For further information concerning this matter, please call:

Nazario Betancourt

(Name of Person)

at ( 813 ) 391-3359

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing fee

☐ \$140.00 (\$87.50 Filing Fee and  
\$52.50 for Certified Copy)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT  
FOR AN ALIEN BUSINESS ORGANIZATION**

Pursuant to the provisions of section 607.0502(2) Florida Statutes,

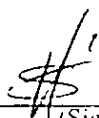
the undersigned, Alfredo Sanchez  
(Name of Registered Agent)

hereby resigns as Registered Agent for Selective Autos Inc  
(Name of Alien Business Organization)

P17000037221  
(Document Number, if known)

A copy of this resignation was mailed to the above listed alien business organization 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:

Alfredo Sanchez  
(Typed or Printed Name)

President  
(Capacity)

**Filing Fee: \$87.50  
Certified Copy: \$52.50**

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

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TALLAHASSEE, FL  
SECRETARY OF STATE