

P17486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

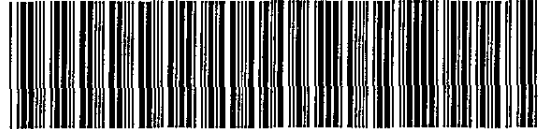
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700041692757

10/11/04--01023--008 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 11 PM 12:36

FILED

RA Res.
TS 10/15/04

CT CORPORATION

October 6, 2004

RE: BNE VEHICLE LEASING, INC. (MA. DOM.)

Secretary of State
Corporate Records Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, FL. 32399

Dear Sir and Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$35.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self addressed envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (d)

Theresa Alfieri
Assistant Secretary

TA:il

111 Eighth Avenue
New York, NY 10011
Tel. 212 894 8940
Fax 212 590 9180

FILED

04 OCT 11 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, C T CORPORATION SYSTEM

(Name of Registered Agent)

hereby resigns as Registered Agent for BNE VEHICLE LEASING INC.

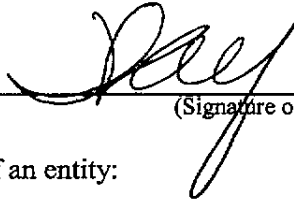
(Name of Corporation)

P17486

(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:

C T CORPORATION SYSTEM - THERESA ALFIERI

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

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withdrawn corporation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