

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : AMERICA COMPANY FORMATION & MANAGEMENT INC
Account Number : I20180000071
Phone : (239)214-8992
Fax Number : (786)460-8863

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT RESIGNATION
CLASSIC CARS USA INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

RA/RES

SEP 13 2019

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COVER LETTER

TO: Amendment Section
Division of Corporations
Classic Cars Usa Inc

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: P18000056453

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:

Michael Rau

(Name of Person)

AMERICA COMPANY FORMATION & MANAGEMENT INC

(Name of Firm/Company)

1217 CAPE CORAL PKWY
136

(Address)

Cape Coral FL 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Rau 239 2148892

(Name of Person)

at ()

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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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, AMERICA COMPANY FORMATION & MANAGEMENT INC

(Name of Registered Agent)

Classic Cars USA Inc

hereby resigns as Registered Agent for

(Name of Corporation)

P18000056453

(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:

Michael Rau

(Typed or Printed Name)

Director

(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

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