P22000008914

(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:				





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COVER LETTER

TO:	Amendment Section
	Division of Corporations
SUBJ	Five Star Car Rental Inc ECT:
	(Name of Corporation)
DOC	UMENT NUMBER: P22000008914
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Sharor	o Olivia Francis
	(Name of Person)
Five S	tar Car Rental Inc
	(Name of Firm/Company)
650 SV	W 29th Terr
	(Address)
Fort L	auderdale
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Sharor	Olivia Francis 954 675 5264
	(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ons 607.0503(2), 617.0502(2), 607.1509, or 6	17.1509,		
Florida Statutes, the undersigned,	Sharon Olivia Francis			
Tionida Statetos, are undereigned,	(Name of Registered Agent)			
hereby resigns as Registered Agen	Five Star Car Rental Inc			
nereby resigns as Registered Agen	(Name of Corporation)			
P22000008914				
(Document Number, if known)				
A copy of this resignation was ma	iled to the above listed corporation at its last l	known add	dress.	
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the day	ate on wh	ich	
Strain	(Signature of Resigning Agent)	- X G	2022 1	
If signing on behalf of an entity:		MEDANY OF AHASSEE.	2022 MAY 25 PM	
	(Typed or Printed Name)	FLERALED -	3: 23	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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)