

(Re	equestor's Name)	
(Ad	ddress)	
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(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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JAN 14 2015

R. WHITE



January 12, 2015

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

RE: Ziglar's Auto Sales, Inc.

Dear Sir/Ma'am:

Enclosed please find the Resignation of Registered Agent for the following corporation, Ziglar's Auto Sales, Inc. and check no. 39199 in the amount of \$35.00 for the filing fee.

If you need any additional information, please feel free to call our office.

Sincerely,

Barbara Hynes

Legal Assistant to H. Bart Fleet

bh

Enclosure: as stated

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, H. Bart Fleet
(Name of Registered Agent)
hereby resigns as Registered Agent for Ziglar's Auto Sales, Inc.
(Name of Corporation)
P9200004332
(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)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

COVER LETTER

Division of Corporations

SUBJECT: Ziglar's Auto Sales, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P92000004332

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:

H. Bart Fleet

(Name of Person)

Fleet & Smith, P.A.

(Name of Firm/Company)

1283 Eglin Parkway, STE A

(Address)

Shalimar, FL 32579

(City/State and Zip Code)

For further information concerning this matter, please call:

H. Bart Fleet

(Name of Person)

(Name of Person)

(Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section