## P96000009662

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | ∋ #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | ısiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

ķ





300269223823

02/18/15--01011--026 \*\*87.50

15 FEB 18 PM 1: 29

Chians

## COVER LETTER

TO: Amendment Section **Division of Corporations** 

**SUBJECT:** FAMILY AUTOMOTVE INC

(Name of Corporation)

DOCUMENT NUMBER: P96000009662

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:

EDWARD A ZURAW CPA

(Name of Person)

EDWARD A ZURAW & CO

(Name of Firm/Company)

209 SE 5TH AVE

(Address)

DELRAY BEACH FL 33483-5206

(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD A ZURAW CPA at (561)272-7317 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENTISION OF CORPORATION FOR A CORPORATION 15 FEB 18 PM 1: 29

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,                               |
|---|
| Florida Statutes, the undersigned, GARY FORD  |
| (Name of Registered Agent)  |
| hereby resigns as Registered Agent for FAMILY AUTOMOTIVE INC  |
| (Name of Corporation)   |
| P9600009662   |
| (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