## P96000025090

Requester's Name

Mrs. Story E. Sayers

4962 Sable Pine Cir Apt 910-C1

West Palm Beach, FL 33417

City/State/Zip Phone #

**500002745945--4**-01/19/99--01070--019
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)  FLORITE  CONTROL  CONTROL
(Corporation Name)  Walk in Pick up time	(Document #) Certified Copy
Mail out Will wait	Photocopy  Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, STORY E SAVERS (Name of registered agent)
hereby resigns as Registered Agent for ADAMS USED PARTS MART, INC. (Name of corporation)
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.
Story & Sayers
(Sigfature of resigning agent)
If signing on behalf of an entity:
(Typed or Printed Name)
EFS P T
(Canacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314