## Requestion Office Address

City/State/Zip

Phone #

Office Use Only

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

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(Corporation Name)	(Document #)	<del>-06/28/01-</del> -01070006 *****35.00 *****35.00
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☐ Mail out ☐ Will wait	Photocopy	Certificate of States
NEW FILINGS	AMENDMENTS	· · · · · · · · · · · · · · · · · · ·
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A, O Change of Registered A Dissolution/Withdrawa Merger	Agent
OTHER FILINGS	REGISTRATION/QUAL	<u>IFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
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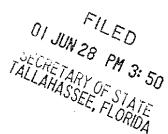
CR2E031(7/97)

**Examiner's Initials** 

T BROWN JUL - 3 2001



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



## 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,	Michael A- Cutter, Pres. (Name of registered agent)	
	(Name of registered agent)	#··· -
hereby resigns as Registered Agent for	T DIAMAX AUTO ROPAIR, INC. (Name of corporation)	23.7
	to the above listed corporation at its last known address.	
The agency is terminated and the office this statement is filed.	ce discontinued on the 31st day after the date on which	
	Culture of resigning agent)	
If signing on behalf of an entity:		
	Typed or Printed Name)	
	Paesident	:
	(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