

P98000025486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

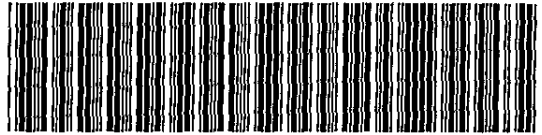
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200018678842

05/12/03--01034--014 **87.50

FILED
03 MAY 16 PM 2:07
CLERK OF STATE
MISSOURI, Filing

P98000025486
5-16 03 CM
372 RAR

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AA-Better Used Cars, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P98000025486

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:

John K. Renke II, Esq.
(Name of Person)

(Name of Firm/Company)

7637 Little Rd.
(Address)

New Port Richey, FL 34654
(City/State and Zip Code)

For further information concerning this matter, please call:

John Renke at (727) 847-6274
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAY 16 PM 2:07

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

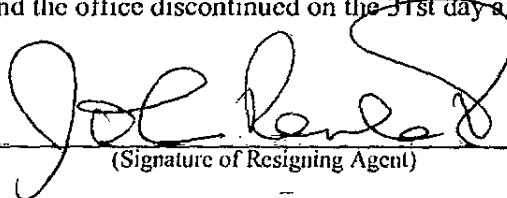
Florida Statutes, the undersigned, JOHN K. RENKE II
(Name of Registered Agent)

hereby resigns as Registered Agent for AA - Better Used Cars, Inc.
(Name of Corporation)

P980000
(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)

FILED
03 MAY 16 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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