099000039316

.		
•	(Requestor's Name)	
	(Address)	
-	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	, , ,	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer:	
		!
I		

Office Use Only



900210233969

07/25/11--01024--013 **87.50

R-A. Rosifi

JUL 26 2011

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: South Florida Auto Terminal Inc	
(Name of Corporation)	
DOCUMENT NUMBER: P99000039316	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted	ed for filing
Please return all correspondence concerning this matter to the following:	
Grant Murray Armstrong	
(Name of Person)	
South Florida Auto Terminal Inc	
(Name of Firm/Company)	
901 Old Griffin Road	
(Address)	
Dania Beach FL 33004	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (Area Code & Daytime Telephone Num	nber)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections t	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,G	rant Murray Armstrong
•	(Name of Registered Agent)
hereby resigns as Registered Agent for	South Florida Auto Terminal Inc
	(Name of Corporation)
P99000039316	
(Document Number, if known)	
A copy of this resignation was mailed t	to the above listed corporation at its last known address.
this statement is filed.	e discontinued on the 31st day after the date on which
/ / (Si	ignature of Resigning Agent)
If signing on behalf of an entity:	
- 3- 4-3	
Grant Murray Arm	nstrong = 1
	(Typed or Printed Name)
	S. Carlotte
Officer	
	(Capacity)

<u>Fee for filing this document:</u> \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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