## -P99000090933

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Coples	_ Certificates	of Status
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## COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FRENDS AUTO SALES, INC. (Name of Corporation)
DOCUMENT NUMBER: P99000090933
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:
Thomas R. Smith (Name of Person)
BEACON BUSINESS SERVICES, INC. (Name of Firm/Company)
15910 EAG/E RIVER WAY (Address)
TAMPA, FL 33624-1599 (City/State and Zip Code)
For further information concerning this matter, please call:
Thomas R. Suith at (813) 265-11/0 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

*y* ...

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## 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, Thomas R. Smith (Name of Registered Agent)
hereby resigns as Registered Agent for $\frac{FRIENDS}{(Name of Corporation)}$ $\frac{AUTOSA/ES}{(Name of Corporation)}$
P990000 90 933
(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.
Thomas Rfmith
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)
Fee for filing this document:

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

withdrawn corporation

\$35.00 Administratively dissolved/voluntarily dissolved/

\$87.50 - Active corporation