V48258

| (Re | equestor's Name) | |
|-------------------------|----------------------|----------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone # |) |
| . PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Name |) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates o | f Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

Asign.

6 COMMENT FEB 0 1 2007

COVER LETTER

| SUBJECT: Heritage Automotive Ent | terprises, Inc. |
|---|--|
| SUBJECT: | (Name of Corporation) |
| DOCUMENT NUMBER: V48258 | |
| The enclosed Resignation of Registered | Agent for a Corporation and fee are submitted for filing |
| Please return all correspondence concer | ning this matter to the following: |
| Wanda Hardwick | |
| (Name of Person) | · · |
| Heritage Automotive Enterprises, I | nc. |
| (Name of Firm/Compa | ny) |
| c/o 2665 Cleveland Ave., Suite 108 | 3 |
| (Address) | |
| Fort Myers, FL 33901 | |
| (City/State and Zip Co | de) |
| For further information concerning this | matter, please call: |
| Wanda Hardwick | at (239) 332-4664 |
| (Name of Person) | at (239) 332-4664 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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 61 | 7.1509, | |
|--|--------------------------------|------------|
| Florida Statutes, the undersigned, J. L. LeGrande | | |
| (Name of Registered Agent) | | |
| hereby resigns as Registered Agent for Heritage Automotive Enterprises, Inc | k Ps | _ |
| (Name of Corporation) | | 3 |
| V48258 | | |
| (Document Number, if known) | | |
| A copy of this resignation was mailed to the above listed corporation at its last kn | own address. | |
| The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. | e on which | |
| IS Hay Lehande | | |
| (Signature of Resigning Agent) | | |
| If signing on behalf of an entity: | | |
| | O7 J SECF | والموسودان |
| (Typed or Printed Name) | JAN 29 RETARY AHASSE | |
| (Capacity) | PM 4: 3' OF STAT E-FLORI | |
| (Capacity) | #: 3. ORU | |

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