

475351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

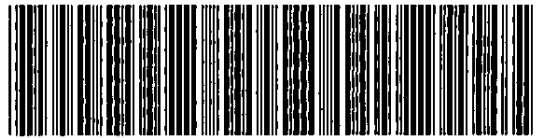
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100173424361

03/31/10--01004--024 **87.50

PAID BY STATE
SERIAL # 00000000000000000000
TALMONT, OH 44884
10 MAR 31 PM 2:20

PA/RES
@ 3/31/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A-1 AUTO BODY & SALES, INC
(Name of Corporation)

DOCUMENT NUMBER: 475351

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:

ORTHOUSE GEORGE G
(Name of Person)

A-1 AUTO BODY & SALES, INC
(Name of Firm/Company)

23119 FOSTER AVE
(Address)

CHARLOTTE HARBOR, FLA 33980
(City/State and Zip Code)

For further information concerning this matter, please call:

GEORGE G ORTHOUSE at (941) 743-0666
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAR 31 PM 2:20

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


Florida Statutes, the undersigned, GEORGE G ORTHOUSE
(Name of Registered Agent)

hereby resigns as Registered Agent for A-1 AUTO BODY + SALES, INC
(Name of Corporation)

475351
(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:

GEORGE G ORTHOUSE
(Typed or Printed Name)

REGISTERED AGENT
(Capacity)

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