

Requester's Name  
 F94000003408  
 Address  
 City/State/Zip Phone #

900002759429--1  
 -01/29/99-01097-006  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in     Pick up time     Certified  
 Mail out     Will wait     Photocopy     Certificate of Status

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

99 JAN 29 PM 3:05

**FILED**

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

F9400003408  
 208 RA Res  
 1-29-99

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as (name of registered agent)

Registered Agent for PARTS, INC. OF SOUTH CAROLINA (name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF SOUTH CAROLINA

A copy of this resignation was mailed to the above listed corporation at its last known address.

PO Box 1119
Piedmont, SC 29673

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

Signature of Jim Smith
SIGNATURE
ASSISTANT SECRETARY

FEE FOR FILING THIS DOCUMENT:
\$87.50-Active Corporation
\$35.00-Administratively Dissolved Corporation