## 05000018126

(Re	equestor's Name)		
(Ac	ddress)		
(Ad	ddress)		
(Ci	ity/State/Zip/Phone	e#)	
PICK-UP	MAIT WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



000052271290

04/28/05--01017--020 \*\*35.00

olf. Resign. C. Coulliste MAY 0 5 2005

## TRANSMITTAL LETTER

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Karen D. Wolford	, hereby resign as VP	(Title)
	·	(2.00)
of Professional Automotive C		<u> </u>
4)	Name of Corporation)	
P05000018126	, a corporation organized under the laws	of the State of
(Document Number, if known)		
FL		05 APR 28 SEGRETARY ALLANASSE
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$\langle \cdot \rangle$	1///////	) A 01
	(Signature of resigning offices/director)	

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314