

P11000011277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

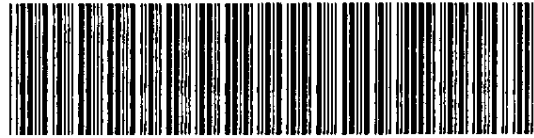
(Business Entity Name)

(Document Number)

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11 MAY -4 AM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COUNTYWIDE AUTO GLASS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000011277

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAMIAN ALBERTI  
(Name of Person)

COUNTYWIDE AUTO GLASS INC  
(Name of Firm/Company)

5794 SW 40 ST #215  
(Address)

MIAMI, FL 33155  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAMIAN ALBERTI at (786) 255-8717  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**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

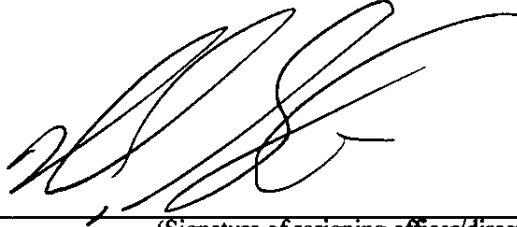
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, GUS NIEBIA, hereby resign as VP (Title)

of COUNTYWIDE AUTO GLASS INC. (Name of Corporation)

P11000011277, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY - 6 AM 9:50

APR 11 2011  
PM 11:00