P07000/06/56

(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



100265948781

10/31/14--01012--019 **35.00

14 OCT 31 AM 3: 12
SECRETARY OF STATE
AND AMASSEE, FLORID.

T. LET

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CHRIS HAYNES ATV + MOTOSCYCIC repair INC. DBA PALMBAY POWERSports (Name of Corporation)
DOCUMENT NUMBER: <u>P07000106156</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK R GUILFORD (Name of Person)
CHRIS HAYNES ATV + MOTORCYCLE repair INC (Name of Firm/Company)
J205 PAKENHAM ST NW (Address)
PALM BAY, FL 32907 (City/State and Zip Code)
For further information concerning this matter, please call:
MARK GUILFORD at (321) 505-0796 (Name of Person) (Area Code & Daytime Telephone Number)
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

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MARK	R GUIL	FORD	, hereby res	ign as <u>V/</u>	CE Heside (Title)	ent
of <i>CHRIS</i>	HAYNES AT	V DBA A	PALM BAY pration)	POWER	SPORTS 1	,
Po 7000 (Docum	106156 ent Number, if known	, a con	rporation organi	ized under the	e laws of the Stat	e of
FLORIDA	,					

Wash of Harford
(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

Tallahassee, Florida 32314

Amendment Section Division of Corporations P.O. Box 6327