512156

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| (Cry, Class 2.pr. Note 17) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| |
| Special Instructions to Filing Officer: |
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Office Use Only



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resignation To Typice

> SECRETARY OF STATE ALL AHASSEE, FLORID!

+ 27/11

COVER LETTER

SUBJECT: ARMANDO'S SERVICE STATION INC

(Name of Corporation)

DOCUMENT NUMBER: 512 | 56

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

Please return all correspondence concerning this matter to the following:

NELISE DAILY
(Name of Person)

ARMANDO'S SERVICE STATION INC
(Name of Firm/Company)

(Address)

MIAHI BACH FL 33 | 41

(City/State and Zip Code)

For further information concerning this matter, please call:

NELISE DAILY
(Name of Person)

at (305) 968-1742
(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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION APR 25 PM 4: 46

SECRETARY OF STATE
TALLAHASSEE.FLORIDA

| I, _ | ARMANDO BRITO, hereby resign as VICE-PRESIDENT/DIRECTOR |
|------|--|
| of | ARMANDOS SELVICE STATION INCORPORATED (Name of Corporation) |
| | 512156, a corporation organized under the laws of the State of (Document Number, if known) |
| _ | FLORIDA. |
| | |

ABOVE PERSON IS DECEASED
(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