653584

(Requestor's Name)			
(requestors inalite)			
(Address)			
(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:			



800311672918

04/17/18--01026--018 **455.00

APR 18 2018 15 TO S. YOUNG

Office Use Only

TRANSMITTAL LETTER

Division of Corporations Commercial Auto Parts, Inc. (Name of Corporation) DOCUMENT NUMBER: 653584 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Manuel A. Alvare, III (Name of Person) Comcar Industries, Inc. (Name of Firm/Company) 502 E. Bridgers Avenue (Address) Auburndale, FL 33823 (City/State and Zip Code) For further information concerning this matter, please call: Manuel A. Alvare, III
(Name of Person)

at (863) 965-6871
(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

TO:

Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Renee Roop	, hereby resign as Secreta	hereby resign as Secretary	
-,	, nereby resign us	(Title)	
of Commercial Auto F	<u>·</u>	,	
(Name 653584 (Document Number, if known)	of Corporation)	The State of	
Florida	<u>_</u> .		
Rene	Signature of resigning officer/director)	— हिंद के	
		APR 17	
F	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