

F84585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

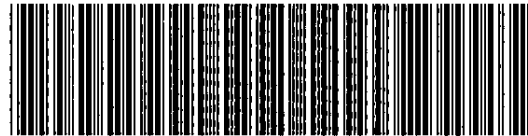
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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OD/Res  
@ 9/20/10

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: COVERIDGE  
(Name of Corporation)

DOCUMENT NUMBER: F84585

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

Please return all correspondence concerning this matter to the following:

BILL D. THRIFT  
(Name of Person)

COVERIDGE CORP DBA B+T AUTO PARTS  
(Name of Firm/Company)

5604 OLD WINTER GARDEN RD  
(Address)

ORLANDO FL 32811  
(City/State and Zip Code)

For further information concerning this matter, please call:

BILL D. THRIFT at ( 407 ) 293-2534  
(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, CHARLES MATTHEWS, hereby resign as SECRETARY  
(Title)

of COVERIDGE CORP.  
(Name of Corporation)

F84585, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Charles Matthews  
(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

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