

1789204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

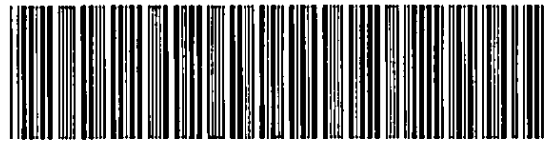
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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4/8/21

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: E & E Automotive Clinic, Inc.

(Name of Corporation)

DOCUMENT NUMBER: H89204

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

Please return all correspondence concerning this matter to the following:

Steven A. Detweiler

(Name of Person)

E & E Automotive Clinic, Inc.

(Name of Firm/Company)

3431 Hwy 441 North

(Address)

Okeechobee, FL 34972

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven A. Detweiler at (_____) 863-763-2666

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

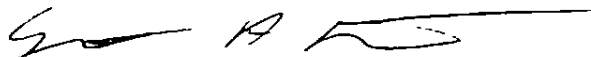
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Julia Detweiler, hereby resign as Date of Death 2/24/2021
(Title)

of E & E Automotive Clinic, Inc.
(Name of Corporation)

H89204, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Death Certificate enclosed
(Signature of resigning officer/director)



FILED
2021 APR -5 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FL

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