

552947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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(Business Entity Name)

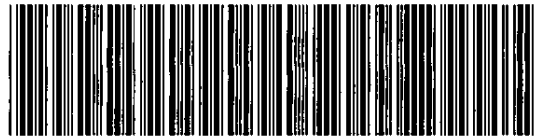
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TALLAHASSEE FLORIDA

07/20/09  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bowmans Auto Body Repair Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** J52947

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

Please return all correspondence concerning this matter to the following:

Carl Bowman

(Name of Person)

Bowmans Auto Body Repair Inc

(Name of Firm/Company)

9631 Denton Ave #1

(Address)

Hudson FL 34667

(City/State and Zip Code)

For further information concerning this matter, please call:

Vicki Bowman

(Name of Person)

at ( ) 561-271-2896

(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, Vicki Bowman, hereby resign as S/T  
(Title)

of Bowmans Auto Body Repair Inc  
(Name of Corporation)

59-2766351, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

*Vicki Bowman*  
(Signature of resigning officer/director)

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TALLAHASSEE FLORIDA

**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