

P0000000068830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

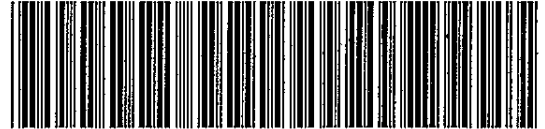
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*Off/Die Resign
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TALLAHASSEE, FLORIDA

06/01/04--01081--006 **105.00

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Eparts, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P00000068830

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

Please return all correspondence concerning this matter to the following:

Victor Sochocki

(Name of Person)

Eparts, Inc.

(Name of Firm/Company)

1320 Englewood Drive

(Address)

St. Cloud, FL 34772

(City/State and Zip Code)

For further information concerning this matter, please call:

Victor Sochocki at (407) 3190154

(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
409 E. Gaines Street
Tallahassee, FL 32399

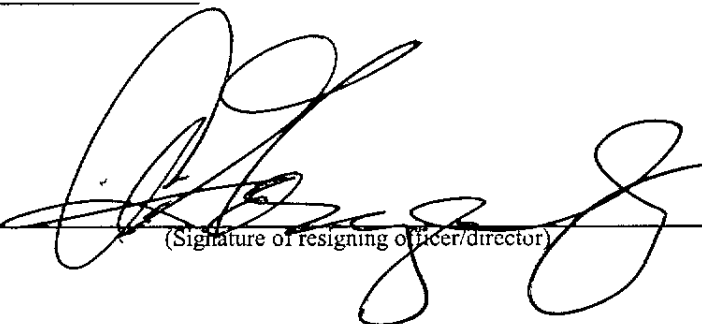
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Armando Gonzalez, hereby resign as Director
(Title)

of Eparts, Inc.
(Name of Corporation)

P00000068830, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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