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(Rec	uestor's Name)	
(Add	iress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doo	ument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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off Resign.

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COVER LETTER

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, HARRY A. WILSON, hereby resign as DIRECTOR. (Title)
of AUTOLEASE AMERICA NC.
COOCUMENT Number, if known) a corporation organized under the laws of the State of
FLORIDA.
(Signature of resigning officer/director)
FILING FEE IS \$35.00 FILED Wake checks payable to Florida Department of State and mail to Report 1.35
Make checks payable to Florida Department of State and mail to 33

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314