PO1000009842

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	of Status
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resignation

07/18/07--01005--005 **35.00

TALLAHASSEE, FLORIDA

TO:

Amendment Section Division of Corporations

COVER LETTER

SUBJECT: Master Craft Auto Body, Inc. (Name of	Corporation)
DOCUMENT NUMBER: P01000009842	
The enclosed Officer/Director Resignation for a Corp	poration and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Yury W. Cespedes	
(Name of Person)	
Master Craft Auto Body, Inc.	
(Name of Firm/Company)	
170 Business Parkway	
(Address)	· · · · · · · · · · · · · · · · · · ·
Royal Palm Beach, FL 33411	
(City/State and Zip Code)	-
For further information concerning this matter, pleas-	e call:
Yury W. Cespedes at (61 791-8891
(Name of Person) (A)	61 791-8891 ea Code & Daytime Telephone Number)

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

CR2E044(08/05)

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

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

, hereby resign as Prosident	
(Title)	
e of Corporation)	
, a corporation organized under the laws of the State of	
(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