PD1000053398

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	cy/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000160007880

08/28/09--01008--006 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DD/RES 00 8/31/09

COVER LETTER

TO: Amendment Section Division of Corporations				
SUR	JECT: Quality Automotive Repairs, Inc.			
	(Name of Corporation)			
DOC	DOCUMENT NUMBER: P01000053398			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing				
Pleas	e return all correspondence concerning this matter to the following:			
Ear	N. Beckner			
	(Name of Person)			
	(Name of Firm/Company)			
389	7 El Rey Rd.			
	(Address)			
Orla	ando, FL 32808			
	(City/State and Zip Code)			
For fi	urther information concerning this matter, please call:			
Earl	N. Beckner at (407) 299-8778 (Name of Person) (Area Code & Daytime Telephone Number)			
	(Name of Person) (Area Code & Daytime Telephone Number)			
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.			
Amer Divis Clifto 2661	Mailing Address: Amendment Section Amendment Section Division of Corporations on Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314			

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	, hereby resign as PVST (Title)
of_ Quality Automotive Repa	irs, Inc.
	(Name of Corporation)
P01000053398 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
,	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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