

PD1000095454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

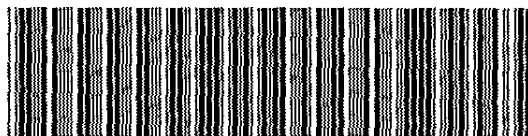
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06 JUL 27 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE AUTOBODYOLOGIST, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000095454

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

Please return all correspondence concerning this matter to the following:

JOHN INDELICATO  
(Name of Person)

AUTOBODYOLOGIST, INC  
(Name of Firm/Company)

2939 NO. POWERLINE RD  
(Address)

POMPANO BEACH, FL. 33069  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN INDELICATO at ( 954 ) 590-3850  
(Name of Person) (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**

FILED  
06 JUL 27 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, THOMAS HAGAN, hereby resign as PRESIDENT/DIRECTOR  
(Title)

of THE AUTOBODYOLOGIST, INC.  
(Name of Corporation)

PO1000095454, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(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