

P01000.109144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

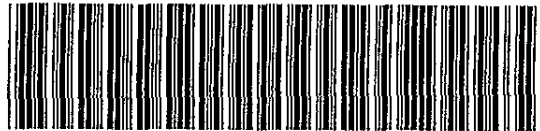
(Business Entity Name)

(Document Number)

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Resign

01/31/05 DC

05 JAN 25 PM 3:00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LET IT RIDE AUTO SALES INC.
(Name of Corporation)

DOCUMENT NUMBER: P01000109144

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

Please return all correspondence concerning this matter to the following:

ANTHONY FUGERE
(Name of Person)

LET IT RIDE AUTO SALES INC.
(Name of Firm/Company)

4047 N. ANDREWS AVE
(Address)

FORT LAUDERDALE, FL 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY FUGERE at (954) 568 4401
(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

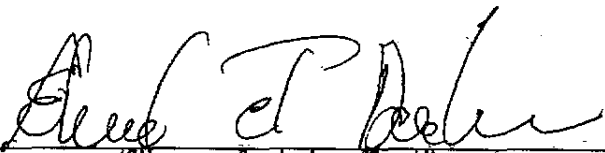
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, EDWARD DONLON, hereby resign as PRESIDENT
(Title)

of LET IT RIDE AUTO SALES INC.
(Name of Corporation)

P01000109144, 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

FILED
05 JAN 25 PM 3:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS