# P01000115034

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	: Filing Officer:	
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Office Use Only



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0/D Resign. 11/25///



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2013

YOLANDA PERRY 2705 SOUTH 28TH STREET FT. PIERCE, FL 34981

SUBJECT: SHOWROOM AUTO SALES, INC.

Ref. Number: P01000115034

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

PLEASE FILE THE OFFICER/DIRECTOR RESIGNATION FORM IF YOU CHOOSE TO RESIGN FROM THE CORPORATION LISTED ABOVE. WE HAVE NO RECORD OF YOUR SOCIAL SECURITY NUMBER ON OUR RECORDS.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 413A00024156

# Yolanda Perry 2705 South 28<sup>th</sup> Street Fort pierce, FL 34981 Phone: (772) 380-7151

November 12, 2013

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Greeting:

Attached is your letter, the requested check in the amount of \$35.00 and my resignation form from Showroom Auto Sales, Inc. document number P01000115034.

Please forward all correspondence concerning this to my new address 2705 South 28<sup>th</sup> Street Fort Pierce, FL 34981.

If you need any further information please feel free to contact me at (772) 380-7151

Sincerely,

Yolanda Perry

### TRANSMITTAL LETTER

SUBJECT: Showroom Auto Sales, Inc. (Name of Corporation)
DOCUMENT NUMBER: POLOGO 115034
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Yolanda Perry (Name of Person)
Showroom Auto Sales, Inc. (Name of Firm/Company)
4603 South US Hwy. I
Fort Pierce FI 34982 (City/State and Zip Code)
For further information concerning this matter, please call:

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

Amendment Section Division of Corporations

TO:

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

## **OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION

1, Yolanda Perry , hereby resign as Presid	ent le)	<del></del>	-
of Showroom Auto Sales, Inc. (Name of Corporation)		,	
, a corporation organized under the laws of the POIOOO 1150.34	State of		
	· · · · · · · · · · · · · · · · · · ·	18 NOV 22	22 % 16 %
(Signature of resigning officer/director)  JESSICA LYNN JONES  Notary Public - State of Florida  My Comm. Expires Oct 15, 2016	正の	四中57	1 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Jessica Lynn Jones  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			

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