## P02000029055

(Requestor's	Name)			
(Address)				
(Address)				
(City/State/Zip	/Phone #)			
PICK-UP W	AIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Cert	ificates of Status			
Special Instructions to Filing Officer:				



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ALLAHASSEE EI JAHE.

## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MAURO'S AUTO		e of Corpora	ntion)	
DOCUMENT NUMBER: PO	02000029055			
The enclosed Officer/Director Re	esignation for a C	Corporation	and fee are submitted for filir	ıg.
Please return all correspondence	concerning this n	natter to th	e following:	_
MAURICIO CIFUENTES				04 JUN 30 PM 4: 30
(Name of I	Person)			E S
MAURO'S AUTO REPAIR, I	NC.			O P
(Name of Firm	(Company)			西の
3784 DOMESTIC AVE. UNIT	ΓΕ			98 39
(Addre	ss)			D.
NAPLES, FL. 34104				
(City/State and	Zip Code)			
For further information concerni	ng this matter, ple	ease call:		
ALVARO D. ZULUAGA	at (	239	430 0405	
(Name of Person)	ui C	(Area Code	& Daytime Telephone Number)	•
Enclosed is a check for \$35.00 m	nade payable to th	ne Florida I	Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Addr Amendment Division of 0 409 E. Gaine Tallahassee.	Section Corporation es Street		

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L MAURICIO CIFUENTES	hereby resign as VICE PRESIDENT			
		(Title)		
of_MAURO'S AUTO REPAIR, II				
(Nam	e of Corporation)			
P02000029055 (Document Number, if known)	, a corporation organized under the laws of the State of			
FLORIDA	<u> </u>			
	(Signature of resigning officer/director)	FILED  04 JUN 30 PH 4: 30  TALLAHASSEE, FLORID		

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