

P02000043000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

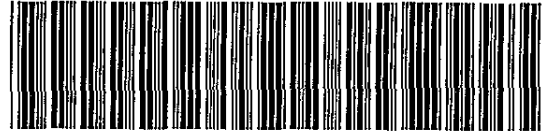
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Focus Auto Clinic of North Miami, INC
(Name of Corporation)

DOCUMENT NUMBER: PD2000043000

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

Please return all correspondence concerning this matter to the following:

HENRI FLOAUIL
(Name of Person)

(Name of Firm/Company)

710 NW 88th TERRACE
(Address)

PEMBROKE PINES, FL 33024
(City/State and Zip Code)

For further information concerning this matter, please call:

HENRI FLOAUIL at (954) 274-5611
(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, HENRI FLORVIL, hereby resign as Director
of Focus Auto CLINIC OF North Miami, FL
(Name of Corporation)
PO2000043000, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

03 OCT -3 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

[Signature]
(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