

PO2000049414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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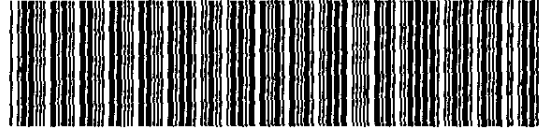
(Business Entity Name)

(Document Number)

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4011 STATE
TALLAHASSEE
FLORIDA

O/D
TS
10/21/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Proformance Autos, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO2000049414

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 Dougherty
(Name of Person)

Proformance Autos, Inc.
(Name of Firm/Company)

1730 DIPLOMACY ROW
(Address)

Orlando FL 32809
(City/State and Zip Code)

For further information concerning this matter, please call:

John Dougherty at (407) 812-5500
(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**

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04 OCT 15 PM 12:41

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

I, LuAnn Giordano, hereby resign as sec. / tres.
(Title)

of Proformance Autos, Inc.
(Name of Corporation)

702000049414, 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