

P03000015523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

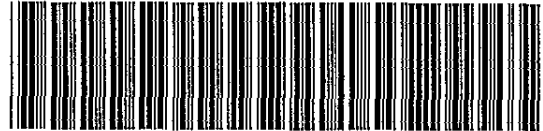
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/02/03--01040--002 **35.00

*reservation &
officer*

FILED
03 APR -2 AM 11:32
TALLAHASSEE, FLORIDA

Gary Lee
515 S Dixie Highway East
Pompano Beach, FL 33060

March 31, 2003

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

Re: Resignation Florida No Fault Collision, Inc. P03000015523

Dear Sir or Madam:

Enclosed please find my accountants check in the amount of \$35.00, to cover the cost of my resignation with the above referenced company. Thank you for your help in this matter.

Sincerely,

Gary Lee

FILED

03 APR -2 AM 11: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

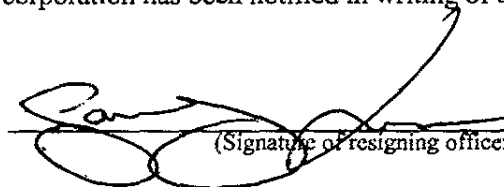
OFFICER / DIRECTOR RESIGNATION

I, GARY LEE, hereby resign as Director
(Title)

of Florida No Fault Collision, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**