P03000089095

(Re	questor's Name)	
(Ad	dress)	
()	,	
(Address)		
(Cit	y/State/Zip/Phone	· #)
·		•
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
(50	our rumber,	
	^	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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SLUKETARY OF STATE PABLAHASSEE, FLORIDA

FILED

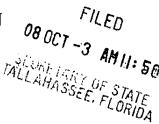
COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: J C AUTO REPAIL	R CENTER, INC.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: PO	3000089095
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing
Please return all correspondence of	concerning this matter to the following:
SALVADOR DIPP	
(Name of Pe	erson)
MLP FINANCIAL GROUP, IN	C.
(Name of Firm/C	Company)
4005 NW 114th AVE., SUITE	5
(Address	s)
DORAL, FL 33178	
(City/State and 2	Zip Code)
For further information concerning	g this matter, please call:
SALVADOR DIPP	at (305) 406-3858
(Name of Person)	at (305) 406-3858 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ade payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, hereby resign as PRESIDENT	
(Title)	
,INC.	
e of Corporation)	
, a corporation organized under the laws of the State of	
<u></u> .	

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