

PO40000 10832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

o/d Res

TRANSMITTAL LETTER

-TO: Amendment Section
Division of Corporations

SUBJECT: AAA Accident Center
(Name of Corporation)

DOCUMENT NUMBER: P04000010832

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

Please return all correspondence concerning this matter to the following:

Tod A. Howard
(Name of Person)

AAA Accident Center
(Name of Firm/Company)

826 NW 6th Street 33881
(Address)

Winter Haven, FL
(City/State and Zip Code)

For further information concerning this matter, please call:

Tod A. Howard at (352) 429 9571
(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, Tod A. Howard, hereby resign as Director
(Title)

of AAA Accident Center, INC
(Name of Corporation)

PO4000010832, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

[Signature]
(Signature of resigning officer/director)

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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