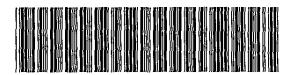
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(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
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(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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10/20/04--01007--012 **35.00

STORETARY OF STATE

0/0 Resign.
10/28/04

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Kartec Auto Repair, Inc. (Name of Corporation) DOCUMENT NUMBER: POHOD OD 19049
DOCUMENT NUMBER: 10400 00 19047
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Steve Narine (Name of Person)
Karte C Auto Repair Inc. (Name of Firm/Company)
2004 NW 55th Avenue
Margate FL 33063 (City/State and Zip Code)
For further information concerning this matter, please call:
Steve Narine at (954) 956-9702 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	junen V.	Apara	, hereby resign as	Officer	Director
	-	^ lo T		(11214	÷)
of	Kartec	(Name of Corpor	repail, Inc.		>
	00001904 ocument Number, if kr		poration organized und	er the laws of the S	State of
Flo	orida _				

(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 CT 20 PM 4

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