## PO4000023025

	(Requestor's Name)			
-	(requester a realing)			
•	(Address)			
(Address)				
	(City/State/Zip/Phone #)			
PICK-UI	P WAIT MAIL			
	(5)			
	(Business Entity Name)			
(Document Number)				
Certified Copies Certificates of Status				
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Auto Provider, Inc. (Name of Corporation)
DOCUMENT NUMBER: P04000023025
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Rogelio Troconis
(Name of Person)
(Name of Firm/Company)
5350 North State Road 7
(Address)
North Lauderdale, FL 33319
(City/State and Zip Code)
For further information concerning this matter, please call:
Rogelio Troconis at (954)822-6035 (Name of Person) (Area Code & Daytime Telephone Number)
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>ı.</sub> James Kurabieski	hereby resign as	, hereby resign as Director/President			
·	, nevery resign de	(Title	:)		
of Auto Provider, Inc.			1		
(Name of Corp	oration)				
P04000023025	orporation organized u	nder the laws of the S	State of		
(Document Number, if known)					
Florida					
		_			
(Signatu	re of resigning officer/dire	ector)			
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FILIN	G FEE 13 333.00	ři S	ω .		
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Make checks payable to Flo	orida Department of	State and mail to:	-हिन		
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Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314