

P04000033130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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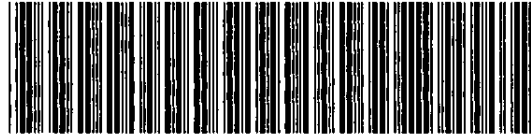
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT 17 2012

C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SIGNATURE AUTO BODY, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000033130

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

Please return all correspondence concerning this matter to the following:

Arlene Konig

(Name of Person)

(Name of Firm/Company)

605 N DIXIE HWY

(Address)

HALLANDALE BCH. FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Arlene Konig

(Name of Person)

at (305) 778-6738

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

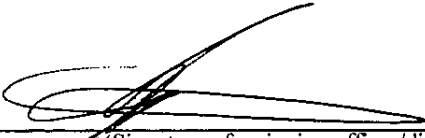
Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Shimon Kapeta, hereby resign as Director
(Title)
of SIGNATURE AUTO BODY, INC.
(Name of Corporation)
P04000033130, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08/16/01 BY 60322


(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