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TALLAHASSEE, FLORIDA

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officer Resignation

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Wheel Armor, Inc. (Name of Corporation)
DOCUMENT NUMBER: P 0 4 0 0 0 0 3 7 7 4 8
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steven August Name of Person)
Wheel Armor Inc. (Name of Firm/Company)
4628 Windward Cove Lane (Address)
Wellington, FL 33467 (City/State and Zip Code)
For further information concerning this matter, please call:
Steven August at (561) 503-111 (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

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

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314