

P04000045013

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



000209460750

11/01/11--01035--013 **35.00

TO NOV -1 PH 3-06

C.COULLIETTE

NOV 02 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: InFantino Auto Tech INC (Name of Corporation) DOCUMENT NUMBER: P04000045013
DOCUMENT NUMBER: P04000045013
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Claudio H Infantino (Name of Person)
Infantino Auto Tech The (Name of Firm/Company)
14540 PW 7 AVE (Address)
HIAHI FL 33168 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Claudio H Infantino at (305) 343-6(73 (Name of Person) (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, Vanesa Y Gar	2Cia , hereby resign a	sVP
		(Title)
of Infantino (Name (Name	tuto Teen	The
(Name	of Corporation)	
Pouooo 45013 (Document Number, if known)	_, a corporation organized t	under the laws of the State of
Florida		
	ignature of resigning officer/dir	ector)

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

