04000049430

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

Office Use Only



500066951885

California (1865)

SECRETARY OF STATE

OF MAR -6 PM 3: 44

Resulting

3/16/16

Florida Department of State, Secretary of State AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

I, Elisa M. Garcia-Prats, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, Elisa M. Garcia-Prats, hereby resign as Secretary and Director and any and/ all offices of Miami Collision Center, Inc., a Florida Corporation. D#P04000049430.

That the corporation has been notified in writing of the resignation.

SIGNATURE OF RESIGNING OFFICER/DIRECTOR

Sworn to and subscribed before me this \angle day of March, 200

TARY PUBLIC

MY COMMISSION EXPIRES:

J. Raul Peruyera

MY COMMISSION # DD232905 EXPIRES

August 21, 2007

BONDED THRUTROY FAIN INSURANCE, INC.

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314