

P04 000049430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

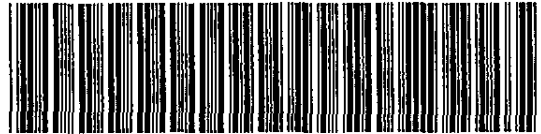
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAR - 6 PM 3:44

O/D Resign.

03/16/06

DL

Florida Department of State, Secretary of State

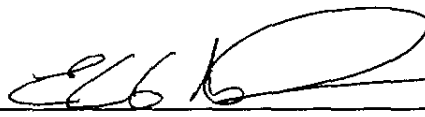
**AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR**

STATE OF FLORIDA     )  
                                  )  
COUNTY OF MIAMI-DADE)

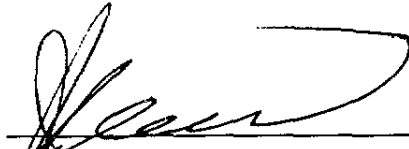
I, Eduardo A. Prats, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, Eduardo A. Prats, hereby resign as President 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 1 day of March, 2004.

  
\_\_\_\_\_  
NOTARY PUBLIC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAR -6 PM 3:34

MY COMMISSION EXPIRES:



J. Raul Peruyera  
MY COMMISSION # DD232905 EXPIRES  
August 21, 2007  
BONDED THRU TROY FAIR INSURANCE, INC.

FILING FEE IS \$35.00

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