P04000076251

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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TRANSMITTAL LETTER ..

Division of Corporations HIALEAH TAXI REPAIRS & AUTO SERVICE INC SUBJECT: (Name of Corporation) DOCUMENT NUMBER: P04000076251 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALI ANWAR (Name of Person) (Name of Firm/Company) 4151 E 10TH LANE (Address) HIALEAH, FL 33013 (City/State and Zip Code) For further information concerning this matter, please call: at (786 202 0977)
(Area Code & Daytime Telephone Number) **ALI ANWAR** (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 _

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

(9)

PRESIDENT	
, hereby resign as (Title)	
SERVICE INC.	
me of Corporation)	
, a corporation organized under the laws of the State of	
(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