## P04000080606

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





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## **COVER LETTER**

S-TORQUE CONVERTERS, INC. (Name of Corporation) P04000080606 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ROBERTO J. SANTOS** (Name of Person) S-TORQUE CONVERTERS, INC. (Name of Firm/Company) 5835 RAVENSWOOD RD. (Address) FT.LAUDERDALE FL. 33312 (City/State and Zip Code) For further information concerning this matter, please call: CECILIA B. LOPEZ-VELIZ 954 962-5303
(Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address: Mailing Address:** Amendment Section **Amendment Section** Division of Corporations **Division of Corporations** Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ROBERTO SANTOS	, hereby resign as PRESIDENT		
`,		Title)	
of S-TORQUE CONVERTERS,	INC.		
	e of Corporation)		7
(Document Number, if known)	, a corporation organized under the laws of the	he State of	
FLORIDA			
Roberto	(Signature of resigning officer/director)	SECRETARY OF STATALLAHASSEE, FLOR	
	FILING FEE IS \$35.00	8: 4.1 STATI	

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

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