

PD4000120062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

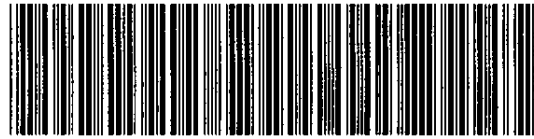
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200163715592

12/22/09--01031--014 **35.00

RECEIVED
FALL ARIZONA

DEC 22 AM 10:03

FILED

of Resign
C.COULLIETTE

DEC 28 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Carwife INC.
(Name of Corporation)

DOCUMENT NUMBER: P 04000120062

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yuphin Carwife
(Name of Person)

Carwife INC.
(Name of Firm/Company)

2400 Mountain View Ave.
(Address)

Melbourne FL 32935
(City/State and Zip Code)

For further information concerning this matter, please call:

Yuphin Carwife at (321) 243-8040
(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, Yuphin Carwile, hereby resign as Directors
(Title)

of Carwile INC.
(Name of Corporation)

P04000120062, a corporation organized under the laws of the State of
(Document Number, if known)

Yuphin Carwile
(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

FILED
DEC 22 AM 10:03
TALLAHASSEE, FLORIDA