

P04000133044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

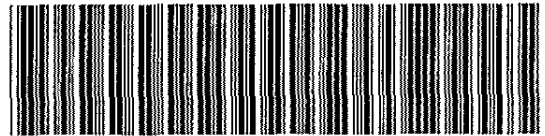
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100040125131

11/29/04--01008--008 **35.00

FILED
04 NOV 18 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/29/04

O/D Resign.

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STONEBRIDGE AUTOS INC
(Name of Corporation)

DOCUMENT NUMBER: P04000133044

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

Please return all correspondence concerning this matter to the following:

TEMIDAYO O OLONIMOYO

(Name of Person)

STONEBRIDGE AUTOS INC

(Name of Firm/Company)

4701 SW 45TH STREET

(Address)

DAVIE, FL 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

TEMIDAYO O OLONIMOYO

(Name of Person)

at (954) 777-9982

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

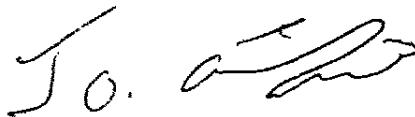
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, TEMIDAYO O OLONIMOYO, hereby resign as PRESIDENT
(Title)

of STONEBRIDGE AUTOS INC
(Name of Corporation)

P04000133044, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

FILED
04 NOV 18 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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