P04000146842

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to I	Filing Officer:			





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TRANSMITTAL LETTER

1
SUBJECT: X-TREME AUTO COLLISION INC. (Name of Corporation)
DOCUMENT NUMBER: POHOOO145842
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ATTUL PATEL (Name of Person)
X-TREME AUTO COLLISION, INC.
2800 JESSup Ave (Address)
Kissimmee A 34744 (City/State and Zip Code)
For further information concerning this matter, please call:
ATTUL PATEL at (407) 791-0446 (Name of Person) (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

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	ATTUL PATEL, hereby resign as Vice President	·
of	X-Treme Auto COLLISION INC.	
	(Document Number, if known) a corporation organized under the laws of the State of	
P	04000146842	

(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