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Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CAPITOL AUTO SALES INC (Name of Corporation)
DOCUMENT NUMBER: P04000155867
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EDUARDO MEDINA
(Name of Person) CAPITOL AUTO SALES INC
(Name of Firm/Company)
1800 MAYPORT ROAD (Address)
ATLANTIC BEACH , FLORIDA 32233
(City/State and Zip Code)
For further information concerning this matter, please call:
EDUARDO MEDINA at (904) 241-5958 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

CR2E044(11/02)



OFFICER / DIRECTOR RESIGNATION EB 16 AM 9: 40 FOR A CORPORATION

I WILFRIDO DURAN		· *	, hereby resign as <u>VICE_PRESIDENT</u> DIRE				
					(Title)		
of	CAPITOL AUTO SALES	avi.		·- <u>.</u>	<u>ا</u> س متدر		
	(7)	lame of Corpor	ation)	.11			
 >**	P04000155867 (Document Number, if known)	a corp	oration organize	ed under the lav	ws of the State	of	
	FLORIDA	*	<u>.</u> • · •				
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			Albert All Control of Street	٠.	<b>4</b>		
	wilf	Signature of	organing officer	director)	- <del> </del>		
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Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

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