

PD5000032306

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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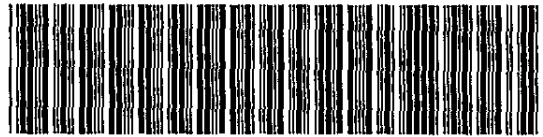
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(Business Entity Name)

\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 1<sup>ST</sup> CLASS AUTO TRANSPORT, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000032306

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

Please return all correspondence concerning this matter to the following:

SOFIA DOS SANTOS  
(Name of Person)

1<sup>ST</sup> CLASS AUTO TRANSPORT, INC.  
(Name of Firm/Company)

1121 HOMESTEAD RD N. #265  
(Address)

LEHIGH ACRES, FL 33934  
(City/State and Zip Code)

For further information concerning this matter, please call:

SOFIA DOS SANTOS at ( 816 ) 458-6683  
(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, WILLIAM SCHIMENSLEY, hereby resign as PRESIDENT  
(Title)

of 1<sup>ST</sup> CLASS AUTO TRANSPORT, INC.  
(Name of Corporation)

P05000032306, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

W Schimensley  
(Signature of resigning officer/director)

**FILED**  
06 APR 17 PM 1:29  
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