

PD5000055838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

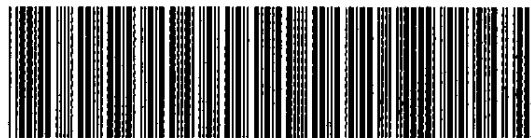
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT -9 AM 9:46

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CRL Auto Sales and Repair, Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

RIVERA, WILLIAM
(Name of Person)

CRL Auto Sales and Repair, Inc.
(Name of Firm/Company)

5448 HOFFNER AVE STE #203
(Address)

ORLANDO FL 32812
(City/State and Zip Code)

For further information concerning this matter, please call:

Tobi Eckenrode at (407) 925 - 8487
(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

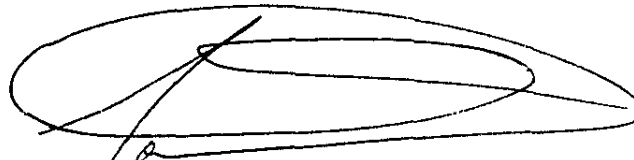
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Tobi Eckenrode, hereby resign as TM
(Title)

of CRL Auto Sales and Repair, Inc.
(Name of Corporation)

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


(Signature of resigning officer/director)

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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