## POS000056589

(Red	questor's Name)	
(Ådd	dress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL.
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Certified Copies	Certificate:	s of Status
Special Instructions to I	Filing Officer:	
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB	JECT: NORTH SPRINGS JAPANESE CAR CARE, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P05000056589
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
LAL	AINE A LANDAU, PARALEGAL
·	(Name of Person)
RU	THERFORD MULHALL, P.A.
	(Name of Firm/Company)
260	0 NORTH MILITARY TRAIL, 4TH FLOOR
	(Address)
во	CA RATON, FL 33431-6348
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
LAL	AINE A. LANDAU at (561 ) 912-0129  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section Amendment Section Division of Corporations On Building Executive Center Circle Chassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L JAMES COCCHIOLA	, hereby resign as President	
,	(Title)	
of NORTH SPRINGS JAPANE	ESE CAR CARE, INC.	
	me of Corporation)	,
P05000056589 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	OS NOV	TI
	ARRY OF SSEE, F	
	(Signature of resigning officer/director)	ن ۔
17	(organization of resigning officeratingstor)	

## 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