## P05000061531

(Requestor's Name)
(Address)
(Address)
(National)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<del>-</del>
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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officer Resignation

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Best FL Auto Service	ce, Inc
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: P05	000061531
The enclosed Officer/Director Resignation	gnation for a Corporation and fee are submitted for filing
Please return all correspondence co	ncerning this matter to the following:
Victor Montepeque	
(Name of Pers	son)
Best FL Auto Service, Inc.	
(Name of Firm/Co	ompany)
1312 S 10th Street	
(Address)	
Fort Pierce, FL 34950	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
Victor Montepeque	at ( 772 ) 359-7757  (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	e 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,	hereby resign as	Vice President & Treasurer (Title)	
of Best FL Auto Service, Inc.	Corporation)		<del></del> ,
P05000061531  (Document Number, if known)	a corporation organized ur	nder the laws of the S	State of
Florida			<b>5</b> . <b>0</b>
(Sign	nature of resigning officer/direc	tor)	FILED 05 OCT 17 AM 9: 48 FURETARY OF STATE ALLIAHASSEE, FLORID

## 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