

POS0000068672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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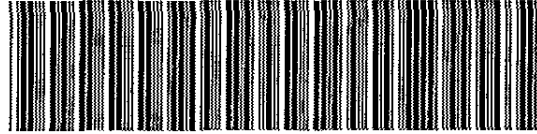
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL In ONE Autoworks Inc
(Name of Corporation)

DOCUMENT NUMBER: P 05000068672

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

Please return all correspondence concerning this matter to the following:

MAGDIEL PANADES

(Name of Person)

ALL In ONE Autoworks Inc

(Name of Firm/Company)

14332 SW 142nd Avenue

(Address)

MIAMI, FLORIDA 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Madelin PANADES

(Name of Person)

at (305) 255-7734

(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

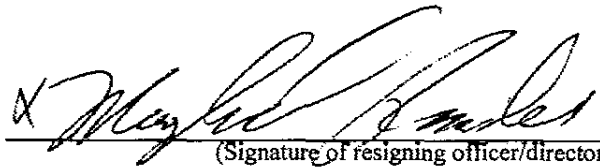
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MAGDIELE PANADES, hereby resign as VICE TREASURER
(Title)

of ALL IN ONE AUTOWORKS INC.
(Name of Corporation)

905000068672, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

X 
(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 25 AM 10:48

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