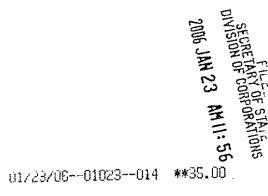
## 

	(Re	equestor's Name)	
	(Ad	ddress)	
	(Ac	idress)	
	(Ci	ty/State/Zip/Phon	e #)
PIC	K-UP	☐ WAIT	MAIL
	(Bu	ısiness Entity Naı	me)
	(Do	ocument Number)	
Certified Copies		_ Certificates	s of Status
Special Instruc	tions to	Filing Officer:	

Office Use Only

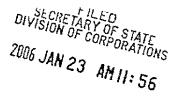




## **COVER LETTER**

-	TO: Amendment Section Division of Corporations
	SUBJECT: 4AL TIRES - WHEELS (Name of Corporation)
, 4	DOCUMENT NUMBER: <u>POSOBO 71347</u>
-	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
	Please return all correspondence concerning this matter to the following:
	Holger Klatzik (Name of Person)
-	AAK TIRI-S of wheels: (Name of Firm/Company)
	3899 Ulmurton Rd. Unil H (Address)
	(City/State and Zip Code)
	For further information concerning this matter, please call:
,	Heiger Kratzill at (707) 572-8473 - (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



L Karen Mulvey	, hereby resign as PASIA AT
	t wheels (17c) me of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
flancka	
<u> </u>	(Signature of resigning officer/director)

## 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