## P05000081075

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Off Road Mob Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P0500081075</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:
Name of Person)
(* ************************************
Off Road Mob Inc. DBA - Godfather Racing (Name of Firm/Company)
3300 S Congress / rue. (Address)
Boynton Beach FL 33426 (City/State and Zip Code)
For further information concerning this matter, please call:
Doningo Tuentes at (561) 752-9467  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

CK# 2002

10-3-05

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Joseph Jleff 15.	hereby resign as	President
		(Title)
of Name of Corp	) Inc	
7 )	oration)	
(Document Number, if known) , a co	erporation organized und	er the laws of the State of
Florida.		
	<i></i>	9-29-05
Signatur	e of resigning officer/directo	0,001
	locall d	lefflore Sr.

## 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

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