## P05000-115764

(Rec	questor's Name)				
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(Add	dress)				
(City	y/State/Zip/Phone #	*)			
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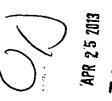


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SECRETARY OF STATE

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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	UMENT NUMBER: POSOOO 115764
DOC	UMENT NUMBER: \$ 05000 1/5769
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
	(Name of Person)
<u>w</u>	(Name of Firm/Company)
<u> </u>	(Address)
_ρ	Ompano Betcl PL 33819 (City/State and Zip Code)
For fu	orther information concerning this matter, please call:
m,	(Name of Person) at (561) 436-53 ≥ ≥  (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi P.O. I	ng Address: Idment Section Idment Se

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	NOAL	R	Hochma	∠, hereby resi	gn as <u>i/1C</u> e	Preside	74
-		<del></del> .				(Title)	
of_	WA	400_	Auto	Sales poration)	Inc		<u> </u>
	_		(Name of Corp	oration)			
	05000	115	764,acc	orporation organi	zed under the laws	of the State of	
	(Document Nun	ber, if kno	wn)	•			
	Florida	×	·				
		0	noul	Had			
			(Signatu	re of resigning office	er/airector)		

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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