

105000118879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

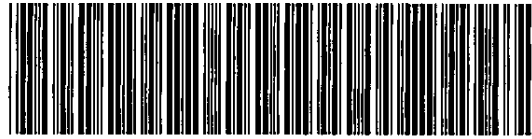
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200103404852

*Resignation
to officer*

05/30/07--01017--011 **35.00

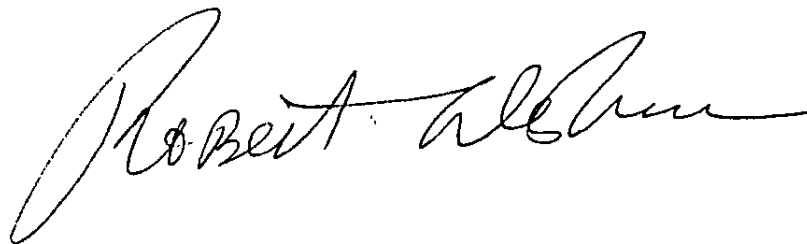
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2007 MAY 30 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Doc
6/4/07*

PLEASE SEND RESPONSE TO MY NEW ADDRESS.

***ROBERT DEROMO
P.O. BOX 21257
BRADENTON,FLA
34204***

THANK YOU VERY MUCH.....

A handwritten signature in cursive script, reading "Robert Deromo". The signature is fluid and elegant, with a large initial "R" and a long, sweeping underline.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Auto Gallery of Fort Lauderdale Inc
(Name of Corporation)

DOCUMENT NUMBER: PO 5000 11 8879

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

Please return all correspondence concerning this matter to the following:

Robert DeRomo
(Name of Person)

Auto Gallery of Fort Lauderdale Inc.
(Name of Firm/Company)

1456 SW 11 Terrace
(Address)

Pompano Beach, FL 33069
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert DeRomo at (904) 262-6116
(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**

FILED

2007 MAY 30 PM 4:14

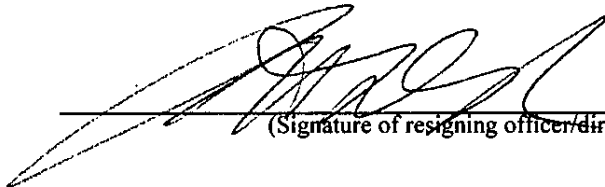
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Robert DeRomo, hereby resign as President
(Title)

of Auto Gallery of Fort Lauderdale Inc.
(Name of Corporation)

PO 5000 118879, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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