

PD5000126317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

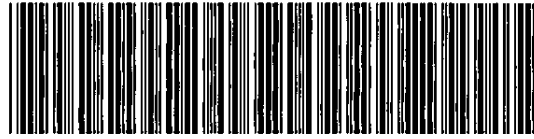
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

01225  
10/7/08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TANIGUCHI AUTO REPAIR INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000126317

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

Please return all correspondence concerning this matter to the following:

ROBERTO TANIGUCHI  
(Name of Person)

TANIGUCHI AUTO REPAIR INC.  
(Name of Firm/Company)

9769 S. ORANGE BLOSSOM TRL. STE 37  
(Address)

ORLANDO FL 32837  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERTO TANIGUCHI at ( 407 ) 859-0152  
(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**

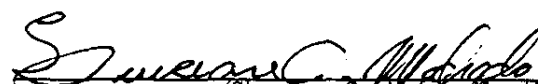
I, LUCIANE C. MACHADO, hereby resign as Director, Secretary, Treasure  
(Title)

of TANIGUCHI AUTO REPAIR INC.  
(Name of Corporation)

P05000126317, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

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TALLAHASSEE, 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