

PD5000126317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

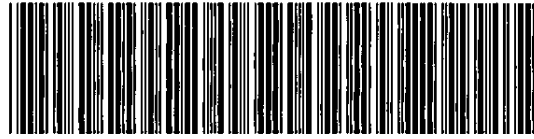
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800103975218

09/23/08--01032--006 **35.00

FILED
08 SEP 23 AM 11:02
SECRETARY OF STATE
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

FILED
08 SEP 23 AM 11:02
SECRETARY OF STATE
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