Po5000159187

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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000137840530

resignation

11/17/08--01015--011 **35.00

SECRETARY OF STATE

AOR 11/15/08

COVER LETTER

Division of Corporations
SUBJECT: PROFESSIONAL AUTO GROUP, INC
(Name of Corporation) DOCUMENT NUMBER: P05000@159187
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAHHEN WAHNON
(Name of Person) Professional Avto Group, DNC
(Name of Firm/Company) 3250 N.W. 23 PD AVE., STP. 100
Pompano BEACH, A. 33069
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 295-3797 (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

CR2E044(08/05)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ON 2001 NOV 17 PM 12: 4.9
THE ANASSEE: FLORIDE
PLESIDENT

		MOSEE FINALE
, JEFFREY G. RAI	VSHNY hereby re	sion as PLESIDENT
,		(Title)
of PROFESSIONAL A	hoso Group of Corporation)	, DNC.
Po 5000159187 (Document Number, if known)	• •	nized under the laws of the State of
FLORIAN.		

(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