## P05000163109

| (Requestor's Name)                      |  |  |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: Surprise Auto Sales, INC. (Name of Corporation)                                     |
| DOCUMENT NUMBER: P 05000 163109  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following:                    |
| Robin PIERRE (Name of Person)  |
| Surprise Auto Sales INC. (Name of Firm/Company)  |
| 330 N.W. 71st Street (Address)   |
| MIAMI, Florida 33150<br>(City/State and Zip Code)  |
| For further information concerning this matter, please call:                                 |
| Robin Pierre at (  |
| 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, | SREAL TAS                   | sy,t                | nereby resign as       | Secre              | Title)           | _        | *** |
|----|-----------------------------|---------------------|------------------------|--------------------|------------------|----------|-----|
| of | Supprise                    | ame of Corporation) | SAles                  | , lnc.             |                  |          | _,  |
| P  | (Document Number, if known) | , a corporati       | on organized unde      | er the laws of the | he State         | of       |     |
|    | Florida                     | •                   |                        |                    | SEURE            | 07 NOV 2 | רור |
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|    |                             | (Signature of resi  | gning officer/director | 7                  | 77%              | ~        |     |

## 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