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(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Fulida Nessa)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE
AHASSEF, FLORID

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COVER LETTER

SUBJECT: Dot's Auto Subs of Service Copp
(Name of Corporation)

DOCUMENT NUMBER: Polencia 45188

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

Please return all correspondence concerning this matter to the following:

Dot's Auto Sales Service Copp
(Name of Firm/Company)

1955 Phone Eve Ave
(Address)

Talkson sille 132206
(City/State and Zip Code)

For further information concerning this matter, please call:

Dowland Mame of Person)

at (94) 502 868 or 2035 69164

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. WOLLYAm.	S L BRANT	, hereby resign as	Vice Po	itle)	F
of <u>Do7.5</u>	Auto Sales A	bSzevice Indoration)	<u></u>	 	, •
POLEDOO) 45/88 . a co	rporation organized und	ler the laws of the	e State of	
TAcksone	olle, FL 32206				
	Willy Steparting	e of resigning officer/director	Or)	07 NOV 29 AM 9: 28 SECRETARY OF STATE TALL AHASSEE, FLORIT	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314