

P06000047650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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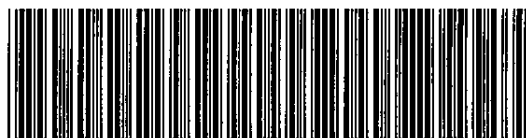
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

10/25/06

O/D

Resign.

DL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Los Brothers Auto Sales, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000047650

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

Please return all correspondence concerning this matter to the following:

Rosa Barbosa  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

2639 SW 5th Street  
(Address)

Cape Coral, FL 33991  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rosa Barbosa at ( 239 ) 283-6125  
(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  
1001 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, ROSA BARBOSA, hereby resign as President  
(Title)

of Los Brothers Auto Sales, Inc  
(Name of Corporation)

P06000047650, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

/ Rosa Barbosa  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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