P0600060662

(Re	equestor's Name)	
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900081662269

11/14/08--01045--016 **35.00

M/Ris Cesion

OG NOV IL PM 4: 55

T. Roberts NOV 1 5 2006.

COVER LETTER

SUBJECT: HIGH LINE MOTOR CALS INC. (Name of Corporation)
DOCUMENT NUMBER: PO 6 00 00 6 06 2
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
SCOT TAYLOR (Name of Person)
HIGH LINE MOTOK CARS INC (Name of Firm/Company)
212 W. MIGHIBAN ST (Address)
ORLANDO FL 32POG (City/State and Zip Code)
For further information concerning this matter, please call:
Scott TAYLOR at (407) 383 8936 (Name of Person) at (407) 383 8936 (Area Code & Daytime Telephone Number)

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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION

FILED

OFFICER / DIRECTOR RESIGNATION

OFFICER / DIRECTOR RESIGNATION

FOR A CORPORATION

FILED

OFFICER / PM 4: 55

FILED

OFFICER / PM 4: 55

, ANDRAE BAIL	EY, hereby res	ign as VP/D
•	•	(Title)
of HIGH LINE,	MOTOR CARS	INC .
	(Name of Corporation)	
POGODOLOGG Z (Document Number, if known)	, a corporation organi	ized under the laws of the State of
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