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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Kupperman Motors Inc.
(Name of Corporation)

DOCUMENT NUMBER: POGODOGG 6/48

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

Kupperman
(Name of Person)

Kupperman
(Name of Firm/Company)

5805 A Devey Street
(Address)

Holywood FL 33023
(City/State and Zip Code)

For further information concerning this matter, please call:

Etai kuppeman at (954) 667-2017 (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
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, 1) av	Kuppen	an	, hereby r	esign as	Prosiden	T (Title)	_
of ka	pperman	Mota (Name of Corpora	ation)	Tre.			,
POGOS (Docume	00066/0 nt Number, if known)	48, a corp	oration orga	nized under	the laws of t	he State of	
Florid	<u>a</u>	 '					
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		(Signature o	of resigning off	icer/director)		O AF	m :

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