

PO6000079094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

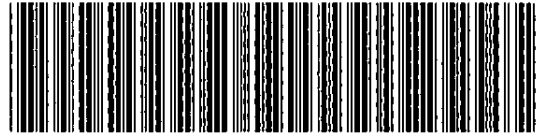
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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C. Coultette NOV 06 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AUTO MANO INC.

(Name of Corporation)

DOCUMENT NUMBER: P06000079094

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

Please return all correspondence concerning this matter to the following:

MOSHE MANO

(Name of Person)

AUTO MANO INC.

(Name of Firm/Company)

4701 SW 45th Street # 902

(Address)

DAVIE , FL 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

MOSHE MANO

(Name of Person)

at (754) 244 3754

(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, SALA JEAN C., hereby resign as Director
(Title)

of AUTO MANO INC
(Name of Corporation)

P06000079094, a corporation organized under the laws of the State of
(Document Number, if known)
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

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