

PD6000079094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

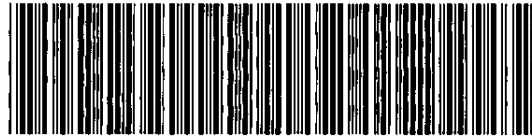
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200155516232

05/07/09--01008--030 \*\*35.00

FILED

09 MAY -7 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/15/09  
OAS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AUTO MANO Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6 0000 790 94

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)

5985 S. University Dr. # 134  
(Address)

Davie, FL 33328  
(City/State and Zip Code)

For further information concerning this matter, please call:

Moshe Mano at (954) 226 3155  
(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  
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, Palmer Bringle, hereby resign as director  
(Title)

of Auto Mono Inc  
(Name of Corporation)

906000079094, a corporation organized under the laws of the State of  
(Document Number, if known)

FL

FILED  
09 MAY -7 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Palmer Bringle  
(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