

P06000115/15

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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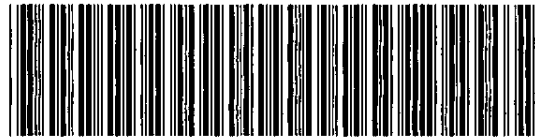
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.

03/10/08

De

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMANUEL LARGAESPADA AUTO REPAIR, INC
(Name of Corporation)

DOCUMENT NUMBER: P06000115115

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Edwin Manuel Largaespada

(Name of Person)

EMANUEL LARGAESPADA AUTO REPAIR, INC

(Name of Firm/Company)

2265 N.W. 21ST TERRACE

(Address)

Miami Florida 33142

(City/State and Zip Code)

For further information concerning this matter, please call:

Edwin Largaespada

(Name of Person)

at (

305

)

710-9686

(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, Claudia Derivet, hereby resign as Secretary
(Title)

of EMANUEL LARGAESPADA AUTO REPAIR, INC
(Name of Corporation)

P06000115115, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
08 MAR - 7 PM 2:58
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