0600013505

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	MCCORMICK	COLLISION CENT	TER INC	
50 5 0 5 011		of Corpor	orporation)	
DOCUMEN	T NUMBER:_	P06000135057		
The enclosed	d Officer/Directo	r Resignation for a C	orporation	and fee are submitted for filing
Please return	all corresponde	nce concerning this n	natter to th	e following:
DAN DEX	TER			
	(Name	of Person)		
	(Name of F	irm/Company)		
1198 MAY	PORT RD			
	(Ac	ldress)		
ATLANTIC	BEACH FL 32	2233		
	(City/State	and Zip Code)		
For further in	nformation conce	erning this matter, ple	ease call:	
DAN DEXT	ΓER	at (904	2494899 e & Daytime Telephone Number)
	(Name of Pers	on)	(Area Code	& Daytime Telephone Number)
Enclosed is	a check for \$35.0	00 made payable to th	e Florida i	Department of State.
Street Addr Amendment Division of C Clifton Build 2661 Execut Tallahassee.	Section Corporations ling ive Center Circle	Mailing Ado Amendment Division of O Post Office I Tallahassee,	Section Corporation Box 6327	ns Į

SECRETARY OF STATE
OF CORPORATIONS

OP APR 17 AMII: 43

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L DANIEL W DEXTER JR	, hereby resign as(Title)
7	(Title)
of MCCORMICK COLLISION CENTER (Name of Corpo	
P06000135057 a corr	poration organized under the laws of the State of
FLORIDA	
	W 2/

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314