(Requestor's Name)	
(Address)	
(Address)	700288195257
(City/State/Zip/Phone #)	
(Business Entity Name)	07/26/1601047008 **35.80
(Document Number)	
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TRANSMITTAL LETTER

Amendment Section TO: **Division of Corporations**

MICHEL AUTO REPAIRS CORP SUBJECT

(Name of Corporation)

DOCUMENT NUMBER: P06000137535

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

Please return all correspondence concerning this matter to the following:

MICHEL GARCIA	
(Name of Rerson) (Name of Plen/Company)	
2922 JOHNSON STREET	
(Address)	
HOLLYWOOD, FL 33020	
(City/State and Zip Code)	
For further information concerning this matter, please call:	

MICHEL GARCIA	at (954)927-6421
(Name of Person)	(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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L SHIRLEY HASSUT Έ hereby resign as (Title) of MICHEL AUTO REPAIRS CORP (Name of Corporation) P06000137535 , a corporation organized under the laws of the State of (Document Number, if known) **FLORIDA** officer/director) (Si gnature of re enine

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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