P06000139264

(Requ	estor's Name)	
(Address)		
(Addre	ess)	
(City/S	itate/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	
(Document Number)		
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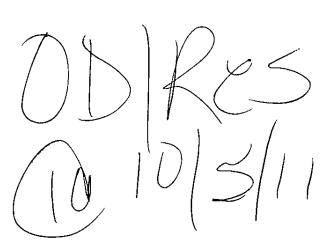


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SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Holley Custom Pai	nting, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: PO	6000139264
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
Robert Holley	
(Name of Pe	rson)
Holley Custom Painting, Inc.	
(Name of Firm/C	Company)
1800 Lake Ariana Blvd	
(Address)
Auburndale, Fl, 33823	
(City/State and Z	ip Code)
For further information concerning	g this matter, please call:
Robert Holley	at (863) 412-2668
(Name of Person)	at (863) 412-2668 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de payable to the Florida Department of State.
Street Address: Amendment Section	Mailing Address: Amendment Section
Division of Corporations Clifton Building	Division of Corporations
Clifton Building 2661 Executive Center Circle	Post Office Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	1 ananassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	, hereby resign as To	reasurer
	, <u></u>	(Title)
of Holley Custom Painting, Ir	nc.	
	Name of Corporation)	**************************************
P06000139264	, a corporation organized under the laws of the State of	
(Document Number, if known)	, a vorporation organized and	
Florida		
	non-manufactures of manufactures of the state of the stat	

(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