

P06000154159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

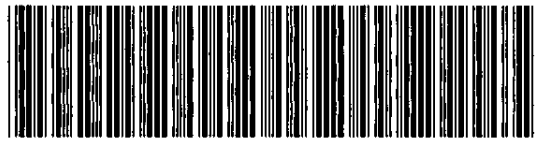
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

officer Resignation

TB

1-7-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARCHOICE Motors Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** D06000154159

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

Please return all correspondence concerning this matter to the following:

DAVID F Kobe  
(Name of Person)

Carchoice Motors Inc  
(Name of Firm/Company)

7670 Quida Drive  
(Address)

West Palm Beach FL 33411  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gil Ben-Simon at ( 954 ) 822-5913  
(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

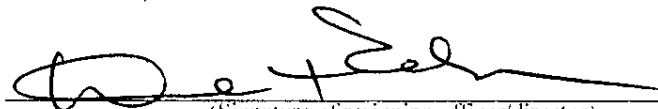
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DAVID E. KOBE, hereby resign as VICE-PRESIDENT  
(Title)

of CARCHOICE MOTORS, INC.  
(Name of Corporation)

006000154159, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
2008 DEC 30 PM 1:56  
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