

P06000156129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

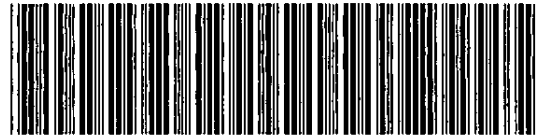
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

01/25/08
8/9/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAB Auto Sales, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO6000156129

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

Please return all correspondence concerning this matter to the following:

Felipe Canedo
(Name of Person)

CAB Auto Sales, Inc.
(Name of Firm/Company)

1800 W 49 St #121
(Address)

Miami, FL 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

Felipe Canedo at (786) 413-6387
(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

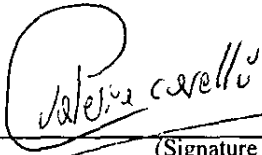
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Valeria Carelli, hereby resign as OWNER.
(Title)

of C.A.B Auto Sales, Inc.
(Name of Corporation)

P06000156129, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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08 AUG 13 AM 11:29
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