

P07000014786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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06/22/07--01023--005 **35.00

*Resignation
of Officer*

FILED
2007 JUN 22 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Bob
6/27/07*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Auto CARE, INC
(Name of Corporation)

DOCUMENT NUMBER: P07000014786

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

Please return all correspondence concerning this matter to the following:

RAUL MATOS
(Name of Person)

NORTH AUTO CARE, INC.
(Name of Firm/Company)

809 E. NORTH ST.
(Address)

TAMPA, FL. 33604
(City/State and Zip Code)

For further information concerning this matter, please call:

RAUL MATOS at (813) 728-4490
(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**

FILED

2007 JUN 12 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ALBA ORTIZ, hereby resign as Vice President
(Title)

of NORTH AUTO CARE, INC
(Name of Corporation)

PO7000014786, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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