## P07000016901

| (Re                                     | questor's Name  | *)           |  |  |
|-----------------------------------------|-----------------|--------------|--|--|
| (Ad                                     | dress)          |              |  |  |
| (Ad                                     | dress)          |              |  |  |
| (Cit                                    | y/State/Zip/Pho | ne #)        |  |  |
| PICK-UP                                 | ☐ WAIT          | MAIL         |  |  |
| (Business Entity Name)                  |                 |              |  |  |
| (Document Number)                       |                 |              |  |  |
| Certified Copies                        | _ Certificat    | es of Status |  |  |
| Special Instructions to Filing Officer: |                 |              |  |  |
|                                         |                 |              |  |  |
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T. BROWN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| SUBJECT: AUTO TRANSPORT CORP.  (Name of Corporation)                                                                                                                                                                                   |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| (Cambo of Gospination)                                                                                                                                                                                                                 |  |  |  |  |
| DOCUMENT NUMBER: P07000016901                                                                                                                                                                                                          |  |  |  |  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing                                                                                                                                           |  |  |  |  |
| Please return all correspondence concerning this matter to the following:                                                                                                                                                              |  |  |  |  |
| YAEL GABISON (Name of Person)                                                                                                                                                                                                          |  |  |  |  |
| (Name of Person)                                                                                                                                                                                                                       |  |  |  |  |
| MUTO TRANSPORT CORP (Name of Firm/Company)                                                                                                                                                                                             |  |  |  |  |
| ( · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                |  |  |  |  |
| 3201 GRIFFIN RD. #202<br>(Address)                                                                                                                                                                                                     |  |  |  |  |
| (Address)                                                                                                                                                                                                                              |  |  |  |  |
| City/State and Zip Code)                                                                                                                                                                                                               |  |  |  |  |
| For further information concerning this matter, please call:                                                                                                                                                                           |  |  |  |  |
| ADI GABISON at (954) 414-1750 (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, | YAEL GABISON                                | , hereby resign as            | CED PRESIDENT           |
|----|---------------------------------------------|-------------------------------|-------------------------|
|    |                                             |                               | (Title)                 |
| of | AUTO<br>(Name of Co                         | TRANSPORT CORP.               |                         |
|    | P0700016901 , a (Document Number, if known) | corporation organized under t | he laws of the State of |
|    | FLORIDA .                                   |                               |                         |
|    |                                             |                               |                         |
|    | (Signal                                     | Unulalization 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