# P07000036005

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

Theses NOV - 27911

# **COVER LETTER**

Division of Corporations
SUBJECT: Palm Beach Got Carts & Irailers Inc (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Timothy L. Day (Name of Person)
Palm Beach Golf Carts & Irailers Inc. (Name of Firm/Company)
7656 Bryon Dr. Suite B4
Riviea Beach FL 33404-3338 (City/State and Zip Code)
For further information concerning this matter, please call:
limothy Day (Name of Person)  at (561) 6620034 (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

OFFICER / DIRECTOR RESIGNATION SSEE, FLORIDA

I, limot	hy L. Day		, hereby resign	ias Tres	ident
		_			,
of talm	Beach (	Solf (a	A5 & 10	ailers.	Lnc.
		(Name of Corpo	oration)		
(Document	Number, if known)	_, a corporatio	on organized ur	nder the laws	of the State of
Florie	la				

(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