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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Multimizers Auto Repair Services 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:
ARMANOO RODE 16 NEZ (Name of Person)
Multimes Acto Repair Sonvices (Name of Firm/Company)
4872 Reginals Road (Address)
OT lano Fl 37829 (City/State and Zip Code)
For further information concerning this matter, please call:
Armanoo Pooni6wz at (407) 967-7380 (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

11.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Estirliz Bolanos, hereby resign as Uille -presid	bort.	;
of UvHimoras Auto Legair Services Inc. (Name of Corporation)		
(Name of Corporation) DODOO 9172 (a corporation organized under the laws of the State (Document Number, if known)	e of	
Florida n		
(Signature of resigning officer/director)	egg∰t,	, , , , , , , , , , , , , , , , , , ,
1 /	1.	,

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