

P07000097684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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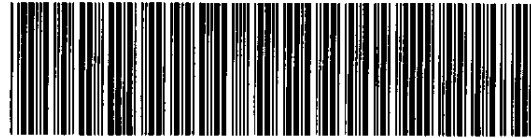
(Business Entity Name)

(Document Number)

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10 OCT -4 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DD 10/7/10
TC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Automotive Complete Solutions, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000097684

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

Please return all correspondence concerning this matter to the following:

Rosendo J. Orozco
(Name of Person)

Automotive Complete Solutions, Inc.
(Name of Firm/Company)

3085 NW 54 Street
(Address)

Miami, FL 33142
(City/State and Zip Code)

For further information concerning this matter, please call:

Rosendo J. Orozco at (786) 970-2439
(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

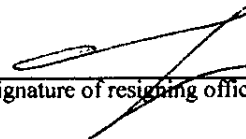
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Adalberto Morejon, hereby resign as Vice President
(Title)

of Automotive Complete Solutions, Inc.,
(Name of Corporation)

P07000097684, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

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AND
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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