

PO7000112467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

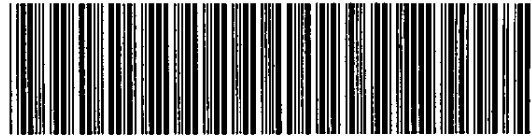
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resignation

TB 7/31/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DT Auto Collision Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000112467

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

Please return all correspondence concerning this matter to the following:

Delawrence A. Moore
(Name of Person)

DT Auto Collision Center, Inc.
(Name of Firm/Company)

20642 NW 10th Ave
(Address)

Miami, Florida 33169
(City/State and Zip Code)

For further information concerning this matter, please call:

LaShinda S. Moore at 786, 457-7720
(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, LaShinda S. Moore, hereby resign as President
(Title)

of DJ Auto Collision Center, Inc
(Name of Corporation)

P07000112467, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

LaShinda S. Moore
(Signature of resigning officer/director)

FILED
2008 JUL 25 PM 2:02
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