

P08000007674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

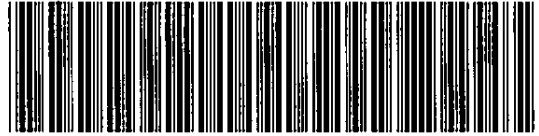
(Business Entity Name)

(Document Number)

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03/19/09--01027--001 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.

03/24/09

Dr

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ST. Lucie West Auto & Tire, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000007674

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

Please return all correspondence concerning this matter to the following:

Rolando Suarez

(Name of Person)

ST. Lucie West Auto & Tire, Inc.

(Name of Firm/Company)

1749 South West South Macedo Blvd

(Address)

Port Saint Lucie, Florida 34952

(City/State and Zip Code)

For further information concerning this matter, please call:

Rolando Suarez at (772) 344-9675

(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

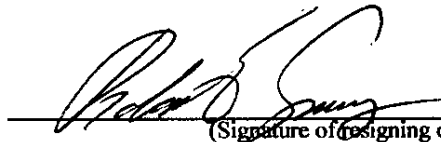
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Rolando Suarez, hereby resign as VPDT
(Title)

of ST. Lucie West Auto & Tire, Inc.
(Name of Corporation)

P08000007674, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(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

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