

P08000009589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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04/29/08--01015--002 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.
07/29/08
Dc



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2008

AVI BRACHA
245 NE 183 STREET
MIAMI, FL 33179

SUBJECT: CAR-TECH AUDIO INC
Ref. Number: P08000009589

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 108A00028847

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAR-TECH AUDIO INC
(Name of Corporation)

DOCUMENT NUMBER: P08000009589

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

Please return all correspondence concerning this matter to the following:

BRACHA, AVI

(Name of Person)

CAR-TECH AUDIO INC

(Name of Firm/Company)

245 NE 183 STREET #1A-B

(Address)

MIAMI FL 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

BRACHA, AVI

(Name of Person)

at (754) 4236299

(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:

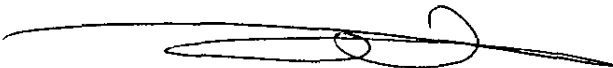
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ODED MAKSIMO, hereby resign as President
(Title)

of CAR-TECH AUDIO INC
(Name of Corporation)

P08000009589, 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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