

PO8000021046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

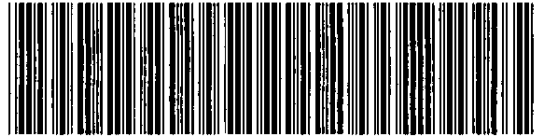
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C. Coulliette
C.COULLIETTE

APR 28 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KERRY'S AUTOMOTIVE REPAIR
(Name of Corporation)

DOCUMENT NUMBER: P08000021046

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

JONATHON E FABRY

(Name of Person)

KERRY'S AUTOMOTIVE REPAIR

(Name of Firm/Company)

P.O BOX 351828

(Address)

JACKSONVILLE FL 32235-1828

(City/State and Zip Code)

For further information concerning this matter, please call:

KERRY SMITH

(Name of Person)

at (904) 885-9871

(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

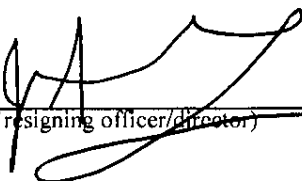
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JONATHON E. FABRY, hereby resign as VPT
(Title)

of KERRY'S AUTOMOTIVE REPAIR, INC.
(Name of Corporation)

P08000021046, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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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