

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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☐ PICK-UP	☐ AAVII	L] MAIL
(Business Entity Name)		
(Document Number)		
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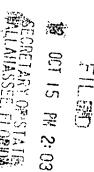
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R. WHITE



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Auto Lock Specialists, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P08000024752

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

Please return all correspondence concerning this matter to the following:

ROBERT A. SAUERHOFF

(Name of Person)

AUTO LOCK EXPERTS, LLC.

(Name of Firm/Company)

496 ESTHER LANE

(Address)

ALTAMONTE SPRINGS, FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT A. SAUERHOFF

(Name of Person)

(Area Code & Daytime Telephone Number

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ROBERT A. SAUER	HOFF, hereby resign a	
of AUTO LOCK SPEC		(Title)
P08000024752 (Document Number, if known)	of Corporation), a corporation organized	under the laws of the State of
FLORIDA	·	
Lobert A.	weelf signing officer/di	FECTOR STANDARY OF
F	TLING 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