

P08000029780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

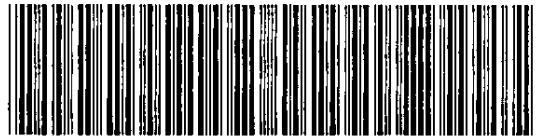
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

O/D Resign.

03/25/09

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLA'S #1 TOOL REPAIR, INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000029780

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

Please return all correspondence concerning this matter to the following:

DONOVAN SABDUL

(Name of Person)

FLA'S #1 TOOL REPAIR, INC.

(Name of Firm/Company)

6808 SW 21ST STREET

(Address)

MIRAMAR, FL 33023

(City/State and Zip Code)

For further information concerning this matter, please call:

DONOVAN SABDUL

(Name of Person)

at (954) 594-7737
(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

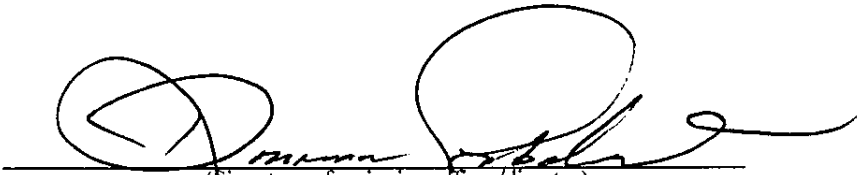
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DONOVAN SADDLE, hereby resign as VTD
(Title)

of FLA'S #1 TOOL REPAIR, INC.
(Name of Corporation)

P08000029780, 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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TALLAHASSEE, FLORIDA