

P08000109648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

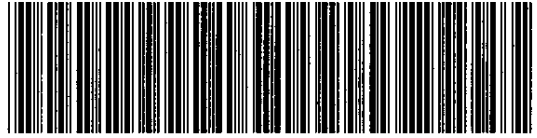
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400170676184

03/08/10--01037--016 **35.00

FILED
10 MAR - 8 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Coulliette
C.COULLIETTE

MAR 10 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONSUMER ADO PROTECTION
(Name of Corporation)

DOCUMENT NUMBER: PO8000109648

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

Please return all correspondence concerning this matter to the following:

JOHN BOCHAN
(Name of Person)

CONSUMER ADO PROTECTION
(Name of Firm/Company)

4520 MCINTOSH DRIVE
(Address)

SAUGER FL 34238
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN BOCHAN at (941) 320-0464
(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
Tallahassee, FL 32301

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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DAN G. SCHMITT, hereby resign as VICE PRESIDENT
(Title)

of CONSUMER AUTO PROTECTION INC
(Name of Corporation)

P08000109648, 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

FILED
10 MAR - 8 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA