# P0900032384

| (Requestor's Name)                      |  |
|---|--|
| (Address)                               |  |
| (Address)                               |  |
| (City/State/Zip/Phone #)                |  |
|   |  |
| (Business Entity Name)                  |  |
| (Document Number)                       |  |
| Certified Copies Certificates of Status |  |
| Special Instructions to Filing Officer: |  |
|   |  |
|   |  |
|   |  |
| Office Use Only                         |  |



01/28/13--01025--010 \*#35.00

SECRETARY OF STATE IVISION OF CORPORATIONS 13 JAN 28 PH 2: 30

off. Res.

JAN 3 1 2013 **T. BROWN** 

## TRANSMITTAL LETTER

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**TO:** Amendment Section Division of Corporations

# SUBJECT: ALL IN ONE TIRE AND AUTOMOTINE, INC. (Name of Corporation) DOCUMENT NUMBER: PO 90000 32384

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

Please return all correspondence concerning this matter to the following:

JAME E. PARTIN (Name of Person) ALISUNVONE TIRE AND AUTOMOTIVE, INC. (Name of Firm/Company) 50 W. CENTER ST. (Address) MINNEOLA, FL. 34715 (City/State and Zip Code)

For further information concerning this matter, please call:

GARY M. KApit at (352) 516-0397 (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 409 E. Gaines Street Tallahassee, FL 32399



# OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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| I GARY M. KAPIT  | hereby resign as PRESIDENT |  |
|--|----------------------------|--|
|  | (Title)                    |  |
| OF ALL IN ONE TIRE AND   |                            |  |
| (Name of Corporation)  |                            |  |
| P 090000 32384, 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