

P09000042450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

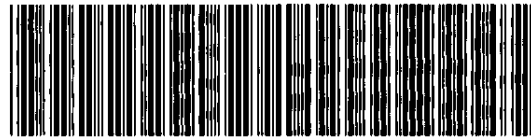
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 22 PM 2:13

*C. Coulliette*  
C.COULLIETTE

SEP 22 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ride Rite Auto Sales<sup>3</sup>. Parts Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 909000042450

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

Please return all correspondence concerning this matter to the following:

Regina Washington  
(Name of Person)

Ride Rite Auto Sales<sup>3</sup>. Parts Inc.  
(Name of Firm/Company)

1212 NW. 79 st #5  
(Address)

Miami FL. 33147  
(City/State and Zip Code)

For further information concerning this matter, please call:

Regina Washington at ( 305 ) 794-4257  
(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

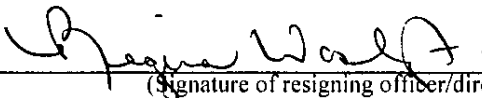
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Regina Washington, hereby resign as President  
(Title)

of Ride Rite Auto Sales<sup>3</sup>, Parts Inc.  
(Name of Corporation)

P09000042450, 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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DIVISION OF CORPORATIONS  
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