

P09000044343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

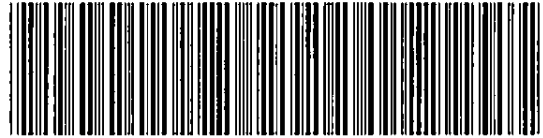
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MAY - 1 2024

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04/15/24 --01011--017 **35.00

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2024 APR 15 PM 3:56
J. HORNE

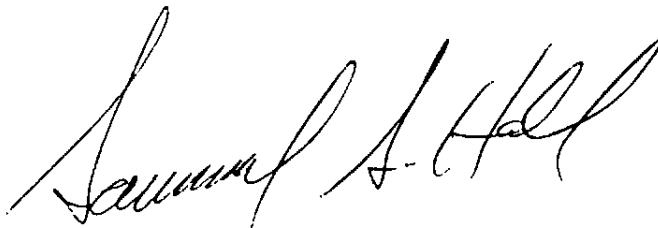
Auto Clinic of Ormond
130 N. Yonge St
Ormond Beach, Fl. 32174
Document # P09000044343

April 5, 2024

To the Amendment Section,

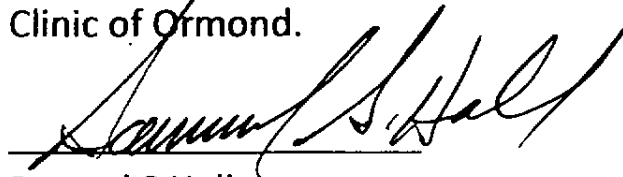
Please be advise that Christian P. Beger is no longer with the Auto Clinic of Ormond, (doc # P09000044343). Samuel S Hall has bought Christian P Beger part of the business. Samuel S. Hall has 100 % ownership of Auto Clinic of Ormond. We would like to have Christian P. Beger removed from all filings and ownership of Auto Clinic of Ormond. Enclosed is document that Christian P. Beger and Samuel S. Hall have agreed upon and signed. All other information on the Auto Clinic of Ormond Business Corporation will stay the same.

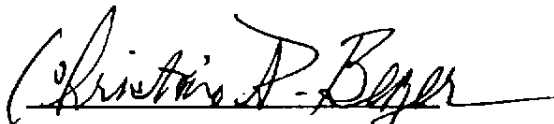
Thank you

A handwritten signature in black ink, appearing to read "Samuel S. Hall". The signature is fluid and cursive, with the first name "Samuel" being more prominent and the last name "Hall" following in a similar style.

Samuel S. Hall
Auto Clinic of Ormond
130 N. Yonge St
Ormond Beach, Fl 32174
386-675-6978 office
386-675-6981 fax

I, Samuel Hall, have paid Christian Beger \$50,000 the remainder of the \$150,000 on this date 4-5-24, to dissolve the partnership of Auto Clinic of Ormond. Sam Hall will have 100% ownership of Auto Clinic of Ormond.


Samuel S Hall


Christian Beger

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Auto Clinic of Ormond
(Name of Corporation)

DOCUMENT NUMBER: PO9000044343

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

Please return all correspondence concerning this matter to the following:

Samuel S. Hall
(Name of Person)

Auto Clinic of Ormond
(Name of Firm/Company)

130 N. Yorge St.
(Address)

Ormond Beach, FL 32174
(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel S. Hall at (386) 675-6978
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2024 APR 15 PM 3:56
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

I, Christian P. Baya, hereby resign as VICE President
(Title)

of Auto Clinic of Ormond Inc
(Name of Corporation)

P09000044343, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Christian P. Baya
(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