

P090000 97843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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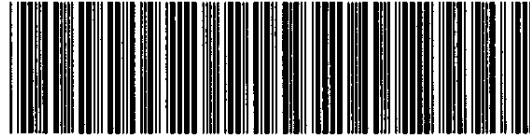
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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JUN 18 2015

Y CANNON

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SELECT IMPORTS OF JAX, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000097843

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

Please return all correspondence concerning this matter to the following:

**ALPER COSAR**

(Name of Person)

(Name of Firm/Company)

**4549 St Augustine Rd. Unit 8**

(Address)

**Jacksonville FL 32207**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ALPER COSAR** at ( **904** ) **6100--0858**  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

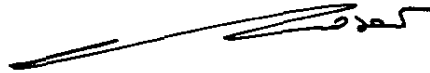
15 JUN -9 PM 2:31

I, ALPER COSAR, hereby resign as President/ CEO  
(Title)

of SELECT IMPORTS OF JAX INC.  
(Name of Corporation)

P09000097843, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

\* I was not a part of this corporation as an officer/director in 2014.

**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