

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Do	cument Number))			
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				





08/06/12--01024--012 **35.00



COVER LETTER

Division of Corporations	
SUBJECT: PLATINUM AUTO COLILISION (Name of Corporation) DOCUMENT NUMBER: P10000005152	CENTER
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	•
Please return all correspondence concerning this matter to the following:	white to we
(Name of Person)	•
Name of Firm/Company)	
2097 West 76.87 (Address)	·
Halah FL 33016 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (254) 6246359 (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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Hemraj M	ohan, here	by resign as	resid	ent	+).
or Platinum	(Name of Corporation)	Collis	sion	Cer	<u>t</u> e
P1000005152 (Document Number, if known)		organized under t	ne laws of the S	tate of	مان مان
Floada					
	(Signature of resigning	ng officer/director)	ALLAHASSET FLOR	2812 AUG -6 AM III: 5	ACCEPTANCE OF THE PARTY OF THE

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