P10000024699

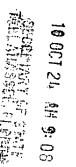
	V.	
(Re	equestor's Name)
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phor	ne #1
(0)	tyrotatorzipri noi	ιο π <i>)</i>
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Na	me)
,	·	,
(Document Number)		
Certified Copies	es Certificates of Status	
Special Instructions to Filing Officer:		
		į

Office Use Only



500186744605

10/21/10--01006--007 **35.00







COVER LETTER

SUBJECT: SOS Sutoparts INC (Name of Corporation) DOCUMENT NUMBER: Proceed 24 699 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing Please return all correspondence concerning this matter to the following: Daniela troconis Patricia Herraiz (Name of Person) SO.S Sutoparts INC (Name of Firm/Company) 1250 Biscaure Blud wite 800 (Address) Liami Fr 33181 (City/State and Zip Code) For further information concerning this matter, please call: Patricia Herraiz (Name of Person) at 186 Un 4604 (Area Code & Daytime Telephone Number)	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing Please return all correspondence concerning this matter to the following: Daniela toxonis Patricia Herraiz (Name of Person)	SUBJECT: 505 BUTOPOITS INC
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing Please return all correspondence concerning this matter to the following: Daniela toxonis Patricia Herraiz (Name of Person)	(Name of Corporation)
Please return all correspondence concerning this matter to the following: Daniela trownis Patricia Herroiz (Name of Person) So.s Sutoparts Inc (Name of Firm/Company) 12550 Biscarne Blud suite 800 (Address) Liqui Fl 83181 (City/State and Zip Code) For further information concerning this matter, please call:	DOCUMENT NUMBER: 17000024 699
Daniela troconis Patricia Herraiz (Name of Person) S.O.S Sutoparts Inc (Name of Firm/Company) 12550 Biscarpe Blud suite 800 (Address) Liqui, Fl 83181 (City/State and Zip Code) For further information concerning this matter, please call:	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
S.O.S Sutoparts ILC (Name of Firm/Company) 12550 Biscarpe Blud suite 800 (Address) Liqui Fl 83181 (City/State and Zip Code) For further information concerning this matter, please call:	Please return all correspondence concerning this matter to the following:
12550 Biscarpe Blw suite 800 (Address) Night Fl 83181 (City/State and Zip Code) For further information concerning this matter, please call:	Daniela troconis Patricia Herraiz (Name of Person)
For further information concerning this matter, please call:	S.O.S Butoparts ILC (Name of Firm/Company)
For further information concerning this matter, please call:	12550 Biscarne Blue suite 800.
	Niam Fl 33181 (City/State and Zip Code)
Patricia Hernaiz at (786) 4174604 (Area Code & Daytime Telephone Number)	For further information concerning this matter, please call:
	Patricia Hernaiz at (786) 4174604 (Name of Person) (Area Code & Daytime Telephone Number)

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

of 5.0.5 betoparts Inc. (Name of Corporation)	1, Leonardo Castillo hereby resign as P.V.S.+
of S.O.S Ditoparts Zuc. (Name of Corporation)	(Title)
(**************************************	of 5.0.5 butopads Inc. (Name of Corporation)
a corporation organized under the laws of the State of	Oracomo an COO
(Document Number, if known)	ta corporation organized and or the state of
tlorida	Tlorida.
1	1

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 10 OCT 24 MM 9: 08