

P10 000026143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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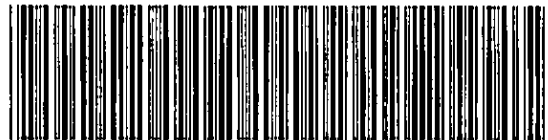
(Business Entity Name)

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2023 JAN -3 PM 1:16  
TALLAHASSEE, FL

3/13/2023

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CITRUS COLLISION AUTO CENTER COMPANY  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000026143

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

Please return all correspondence concerning this matter to the following:

LEON M BOYAJAN  
(Name of Person)

LEON M. BOYAJAN II PA  
(Name of Firm/Company)

2303 HIGHWAY 44 W  
(Address)

INVERNESS  
(City/State and Zip Code)

For further information concerning this matter, please call:

LEON M. BOYAJAN II at (352) 726 1800  
(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  
2023 JAN -3 PM 1:16  
STATE  
TALLAHASSEE, FL

I, JAMIE L. LECLERC, hereby resign as PRESIDENT  
(Title)

of CITRUS COLLISION AUTO CENTER COMPANY  
(Name of Corporation)

P10000026143, a corporation organized under the laws of the State of  
(Document Number, if known)

P10000026143 Florida

x *Jamie L. Leclerc*  
(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