P1000039399

(Requestor's Name)
(Address)
(Address)
,
(6) (0) (7) (7)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



000211274100

08/22/11--01014--012 **35.00



2 y span

COVER LETTER

TO: Amendment Section Division of Corporations

Paradisa C	reactal Automotive. Inc
SUBJECT: Paradise C	(Name of Corporation)
DOCUMENT NUMBER	D400000000
The enclosed Officer/Dire	ector Resignation for a Corporation and fee are submitted for filing
Please return all correspon	ndence concerning this matter to the following:
William Maccari	
(Na	me of Person)
(Name	of Firm/Company)
4612 NW 36th Street	
	(Address)
Cape Coral, Florida 33	9993
(City/S	tate and Zip Code)
For further information co	oncerning this matter, please call:
William Maccari	Person) at (239) 898-0219 (Area Code & Daytime Telephone Number)
(Name of I	Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$3	35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Harry J Parkinson	, hereby resign as Vice-President	
1,	, hereby resign as(Ti	tle)
of Paradise Coastal Automotive, Inc		,
(Name of C	orporation)	
P10000039399 , a	corporation organized under the laws of the	State of
Florida		1 AUG 22
, / , , 10		AH 9: 55
- Harry MX of	A Consideration officer(director)	jes

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