P1000094486

(Re	questor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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04/16/14--01007--024 **35.00

APR 16 PM 4 02

Resign

DE 14/25/14

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: RER Autowork, Inc. (Name of Corporation) DOCUMENT NUMBER: P 1 00000 94486
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Robert Morris (Name of Person)
RERAU-LOWORXSINC- (Name of Firm/Company)
8030 Massachusetts Aue.
New Port Richey Fr 34653 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert Morris at (727) 807-7010 (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 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Ryan Hexter hereby resign as Dire	ctor	-	
	(Title)		
of RER AUTOWORKS INC. (Name of Corporation)			,
P 10000 94486, a corporation organized under the laws of (Document Number, if known)	the Stat	e of	
Florida.			
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(Signature of resigning officer/director)			
		14	
		APR I	71
FILING FEE IS \$35.00	34.42 34 <u>-5</u>	9	
		PM 4:	
Make checks payable to Florida Department of State and mail	to:	: 0 2	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314