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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
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TRANSMITTAL LETTER

SUBJECT: 3 Kings Auto Sell & Collision INC. (Name of Corporation)
DOCUMENT NUMBER: \$11 000005663
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Christ-roi Dorgeron (Name of Person)
3 Kings Auto Sell 4 collision (Name of Firm/Company)
8411 N.W Sth Ave (Address)
Miami, Florida 33150 (City/State and Zip Code)
For further information concerning this matter, please call:
Christ-rol Dorgeron at (786) 556-9940 (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 Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Christ -1	noi Dorgi	eron	, hereby re	sign as <u>VIC</u>	Presider (Title)	n#
3 kings	Auto Seli	## Lo!	//15/0/1 tion)	INC		,
11 00000 (Document N	S663 lumber, if known)	, a corpo	oration organ	ized under the l	aws of the State	of
lorida		·				
						A 4 L
						APR -7
		(Signature o	f resigning offi	cer/director)		PH II:

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