

P11000052004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

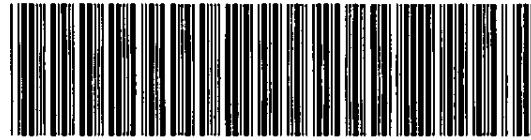
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO: Amendment Section
Division of Corporations

SUBJECT: **BCITY TIRES SERVICES INC**

Name of Corporation

DOCUMENT NUMBER: **P11000052004**

The enclosed ~~Articles of Incorporation~~ and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERARDO BERNAL

Name of Contact Person

BECITY TIRES SERVICES INC

Firm/Company

5640 B 15TH STREET EAST

Address

BRANDENTON FLORIDA

City/State and Zip Code

LEitomieldaabeja@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERARDO BERNAL at (**786**) **295-2322**

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &
Certified Copy

Mailing Address:

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

Street Address:

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

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TALLAHASSEE, FL
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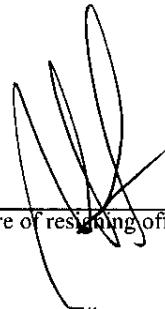
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, YOHANDRA ALVAREZ, hereby resign as 09/23/2014
(Title)

of BCITY TIRES SERVICES, INC
(Name of Corporation)

P11000052004, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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

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TALLAHASSEE, FLORIDA