## P11000055201

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		





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## TRANSMITTAL LETTER

SUBJECT: HI TECH AUTOMOTIVE CENTER INC

(Name of Corporation)

DOCUMENT NUMBER: P11000055201

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

ARDEN MYRIE

(Name of Person)

HI TECH AUTOMOTIVE CENTER INC

(Name of Firm/Company)

1713 PALMETTO AVE

(Address)

For further information concerning this matter, please call:

(City/State and Zip Code)

DELAND, FL 32724

ARDEN MYRIE

(Name of Person)

at (321) 200-9576

(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

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>I,</sub> EBONE MYRIE	, hereby resign as VICE PRESIDENT (Title)
of HI TECH AUTOMOT	
(Name of Company (Name	corporation organized under the laws of the State of
FLORIDA	
Shore m	Autre 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