## P11000086961

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Statu	s
Special Instructions	to Filing Officer:	
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## TRANSMITTAL LETTER

***	C)
	endment Section ision of Corporations
SUBJECT	(Name of Corporation)
	(or,
DOCUME	NT NUMBER: P11 000086961
The enclose	ed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please retur	m all correspondence concerning this matter to the following:
CRAIGE	(Name of Person)
GOLF	(Name of Firm/Company)
MAILING:	209 SAN LORENZO CT, BRADENTON PL 34208
PHYSICAL	209 SAN LORENZO CT, BRADENTON PL 34208 (Address) 1317 GIST ST E, SHITE BZ, BRADENTON FL 34203
	(City/State and Zip Code)
For further	information concerning this matter, please call:
CRAIGE	(Name of Person) at (941) 539 8187 (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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, STEPHEN MOSE ROMPERSAD hereby resign as (Title)
of GOLF POINTE AUTO GROUP IN L (Name of Corporation)
P1100086961 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