

PI20000016590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SMITTYS COMPLETE AUTO & TRUCK REPAIR INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000016590

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**LUKE D SMITH**

(Name of Person)

**SMITTYS COMPLETE AUTO & TRUCK REPAIR**

(Name of Firm/Company)

**5542 32ND AVE SW**

(Address)

**NAPLES, FL 34116**

(City/State and Zip Code)

For further information concerning this matter, please call:

**LUKE D SMITH**

(Name of Person)

at **239 300-0244**

(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, BETTY JOHNS, hereby resign as SD  
(Title)

of SMITTY'S COMPLETE AUTO & TRUCK REPAIR INC  
(Name of Corporation)

P12000016590, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Betty Johns  
(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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DIVISION OF CORPORATIONS  
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