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(Re	equestor's Name)	
(Ad	ldress)	
· · · · · · · · · · · · · · · · · · ·	ldress)	
(Au	idless)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nan	
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

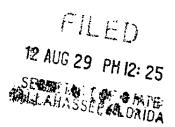
SUBJECT: FLORIDA AUTO MAL	LL, INC.		
	(Name 0 005 7042	of Corpora	ition)
The enclosed Officer/Director Resign	nation for a Co	orporation	and fee are submitted for filing
Please return all correspondence con-	cerning this m	atter to the	e following:
FRANCESCO CARNEVALE JR			
(Name of Perso	on)	·	
FLORIDA AUTO MALL, INC.			
(Name of Firm/Con	npany)		
7682 MT CARMEL DR			
(Address)			
ORLANDO, FL, 32835			
(City/State and Zip	Code)	<u> </u>	
For further information concerning the	his matter, plea	ase call:	
FRANCESCO CARNEVALE JR	at (954	856-5695
(Name of Person)	aı (Area Code	& Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the	e Florida I	Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Add Amendment S Division of C Post Office B Tallahassee, I	Section orporation ox 6327	as

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TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, MAURICIO Piccoli, hereby resign as_	Dinectol
•	(Title)
of Florida auto MAL INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Name of Corporation)	
P1200057047 , a corporation organized unde (Document Number, if known)	er the laws of the State of
Florida.	
ML	
(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