

P12000060889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

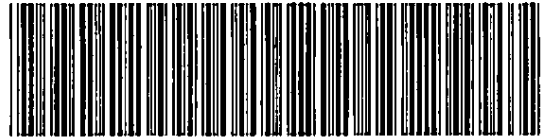
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700388297537

05/27/22--01009--014 **35.00

FILED
2022 MAY 27 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

AUG - 1 2022

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRUCK REPAIR PLUS INC

(Name of Corporation)

DOCUMENT NUMBER: P12000060889

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

Please return all correspondence concerning this matter to the following:

RICARDO DELEON

(Name of Person)

TRUCK REPAIR PLUS

(Name of Firm/Company)

6405 N. 50TH ST. SUITE A

(Address)

TAMPA, FL 33610

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES VITIELLO at (813) 239 - 6903

(Name of Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

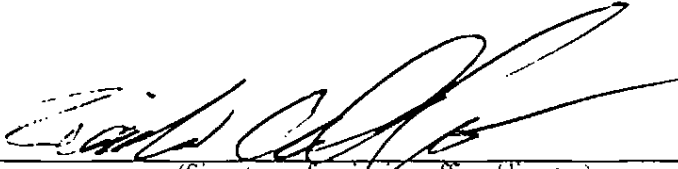
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, RICARDO DELEON, hereby resign as OPERATIONS MANAGER
(Title)

of TRUCK REAIR PLUS INC.
(Name of Corporation)

P12000060889, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAY 27 PM 1:27

FILED

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