## P14600024427

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

Division of Corporations
SUBJECT: Tripod Collison + Repair Body Stop Corp.  (Name of Corporation)  DOCUMENT NUMBER: P14 0000 24427
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jacques S. Legras.
Tripud Collian thepair Budy Shop Corp.
6220 Nw 2rd ave (Address)
Hiami Florida 33150 (City/State and Zip Code)
For further information concerning this matter, please call:
Jacque line Legyos . at (305) 178 - 1268 F. T. (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

Amendment Section

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Jacques S. Legros, hereby resign as Tresur	(EV itle)
of Triped Collison + Repair Budy Shop (Name of Corporation)	Orp.
DIACON 24437 , a corporation organized under the laws of the	e State of
<u>Florida</u>	
(Signature of resigning officer/director)	
FILING FEE IS \$35.00	SECRETAR SECRETAR

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to:

Tallahassee, Florida 32314

I do not know how my name was included in this corporation. I have no affiliation with Tripod Collison thepain Body shop Corp. Hy name was transferred placed into this corporation. Please remove it. I unly own