

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(230,000 2,000)
(Document Number)
(Boodine), (Namber)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400302705464

08/18/17--01016--012 **35.00

S TALLEN7 AUG 2 4 2017

ND Resign



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: FUTURE COLLISION INC
(Name of Corporation)

DOCUMENT NUMBER: P15000002710

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

Please return all correspondence concerning this matter to the following:

RAFAEL CRUZ

(Name of Person)

CRUZ GORRIAS AND ASSOCIATES LLC

(Name of Firm/Company)

7175 SW 8TH STREET SUITE 216

(Address)

MIAMI, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL CRUZ

305 \262-829

(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 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / Director resignation FOR A CORPORATION

, GABRIEL DIAZ	, hereby resign as	
	, nereby realign as	(Title)
of FUTURE COLLISI	ON INC.	
(Nam	e of Corporation)	
P15000002710 (Document Number, if known)	, a corporation organized under the la	ws of the State of
FLORIDA		
	Signiture of resigning officer/director)	FILED 17 AUG 18 AH II: 33 PART PART OF STATE ANASSEE FLORID
	FILING FEE IS \$35.00	± 3

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

FILING FEE IS \$35.00

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