

21/11/2019

**SECOND ATTEMPT**

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : ALEX PINA CO.  
Account Number : I20190000095  
Phone : (844)941-1120  
Fax Number : (305)602-3977

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: client@alexpina.co

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**  
**DEALER CAPITAL GROUP, INC**

Certificate of Status	0
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Corporate Filing Menu

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NOV 26 2019  
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TRANSMITTAL LETTER

RECEIVED  
DIVISION OF CORPORATIONS  
19 NOV 25 PM 4:14

TO: Amendment Section  
Division of Corporations

SUBJECT: Dealer Capital Group Inc  
(Name of Corporation)

DOCUMENT NUMBER: P15000101018

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

Please return all correspondence concerning this matter to the following:

Alex Pina

(Name of Person)

Alex Pina co.

(Name of Firm/Company)

11920 Clems Branch Dr

(Address)

Charlotte, NC 28277

(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Pina at ( 844 ) 941-1120

(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**

RECEIVED  
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I, Manuel F Rojas Leal, hereby resign as Director  
(Title)

of Dealer Capital Group Inc  
(Name of Corporation)

P15000101018, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

\_\_\_\_\_  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

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

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