

P 16 00 00 20 330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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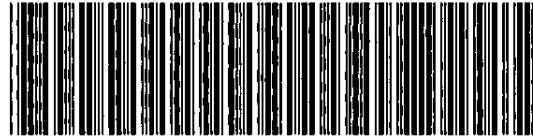
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2017 APR 28 AM 9:24

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MAY - 3 2017

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: My Total Car Care, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P16000020330

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

Please return all correspondence concerning this matter to the following:

EMILIO CABAN
(Name of Person)

(Name of Firm/Company)

4438 Colony View Dr.
(Address)

LAKE WORTH, FL 33463
(City/State and Zip Code)

For further information concerning this matter, please call:

EMILIO CABAN at (561) 859-1122
(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

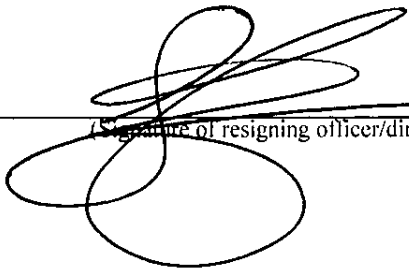
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, EMILIO CABAN, hereby resign as VICE PRESIDENT (VP)
(Title)

of MY TOTAL CAR CARE INC.
(Name of Corporation)

P16000020330, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 APR 28 AM 9:24

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

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