

P19 000039360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

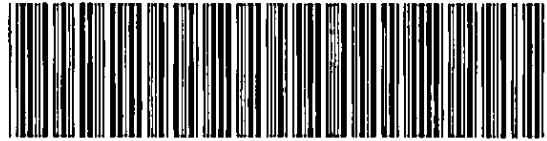
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 10/14/20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESIGNATION APONTE AUTO INC.

(Name of Corporation)

DOCUMENT NUMBER: P19000039360

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

FELIPE APONTE

(Name of Person)

APONTE AUTO INC.

(Name of Firm/Company)

6944 VENTURE CIRCLE G2

(Address)

ORLANDO, FL 32807

(City/State and Zip Code)

For further information concerning this matter, please call:

FELIPE APONTE

(Name of Person) at (321-337-8784/
(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

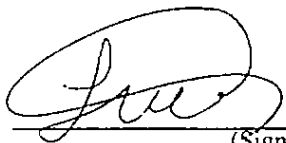
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LUIS APONTE, hereby resign as REGISTER AGENT / MANAGER
(Title)

of APONTE AUTO INC.
(Name of Corporation)

P19000039360, 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:

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

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