

P20 000060933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

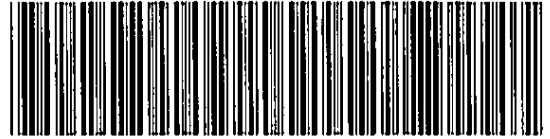
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL



TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRO MAGIC AUTO SALES I INC.

(Name of Corporation)

DOCUMENT NUMBER: P20000060933

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

Please return all correspondence concerning this matter to the following:

SAWSAN F ALALAMI

(Name of Person)

PRO MAGIC AUTO SALES I INC

(Name of Firm/Company)

20034 NOB OAK AVENUE

(Address)

TAMPA, FL 33647

(City/State and Zip Code)

For further information concerning this matter, please call:

SAWSAN F ALALAMI at (813) 313-6778

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2020 OCT -5 AM 9: 04

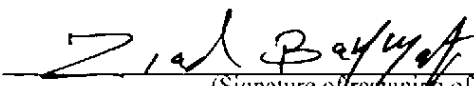
**SECRETARY OF STATE
TALLAHASSEE, FL**

I, ZIAD BAYYAT, hereby resign as CONTROLLER
(Title)

of PRO MAGIC AUTO SALES I INC.
(Name of Corporation)

P20000066933, 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