

P230000010129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

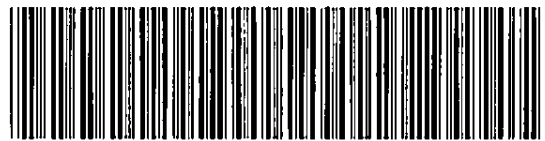
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

U. Mills

Office Use Only



000424894920

03/04/24--01025--015 **35.00

FILED
2024 MAR -14 PM 5:40

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CRAZY CARS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P23000010129

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

Please return all correspondence concerning this matter to the following:

MONICA BORGIO

(Name of Person)

CRAZY CARS, INC.

(Name of Firm/Company)

4870 S.W. 5TH TERRACE

(Address)

CORAL GABLES, FL. 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

MONICA BORGIO at (305) 904 - 2417

(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:

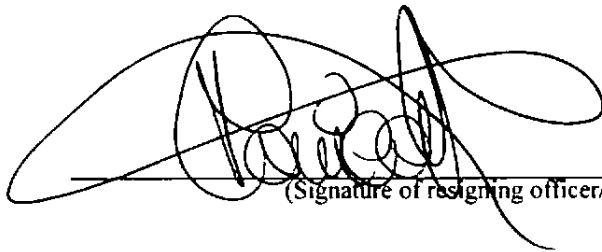
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MONICA BORG, hereby resign as MANAGER
(Title)

of CRAZY CARS, INC.
(Name of Corporation)

P23000010129, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA



(Signature of resigning officer/director)

FILED
2024 MAR -14 PM 5:40
TALLAHASSEE

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