

P24000012108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

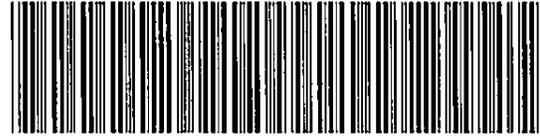
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000437638460

TALAHASSEE, FLORIDA
2024 OCT -8 AM 9:20
FILED

TALAHASSEE, FLORIDA
2024 OCT -8 PM 2:35
RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KEY WEST AUTOMOTIVE REPAIR INC

Please Debit FCA000000003 For: 35

Thank you Seth Neeley



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KEY WEST AUTOMOTIVE REPAIR INC.
(Name of Corporation)

DOCUMENT NUMBER: P24000012108

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

Please return all correspondence concerning this matter to the following:

VASILE ALEXANDRU DAMIAN
(Name of Person)

(Name of Firm/Company)

3314 Northside Drive, #68, Key West, FL 33040
(Address)

Key West, FL 33040
(City/State and Zip Code)

For further information concerning this matter, please call:

Vasile Alexandru Damian at (305) 304-0399
(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

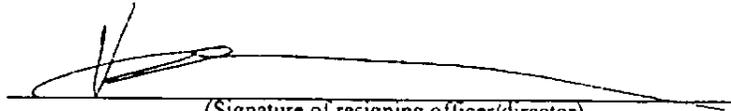
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, VASILE ALEXANDRU DAMIAN, hereby resign as VP & DIRECTOR
(Title)

of KEY WEST AUTOMOTIVE REPAIR INC.
(Name of Corporation)

P24000012108
(Document Number, if known), a corporation organized under the laws of the State of
FLORIDA


(Signature of resigning officer/director)
OCTOBER 7, 2024

TALLAHASSEE, FLORIDA
2024 OCT - 8 AM 9:20
FILED

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