

P92000000163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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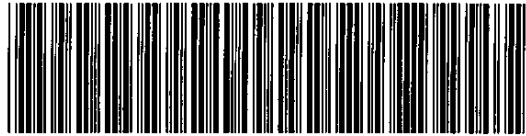
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LA CARIDAD PAINT & Body Shop, Corp.  
(Name of Corporation)

DOCUMENT NUMBER: P92000000163

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

Please return all correspondence concerning this matter to the following:

Elvira ALONSO  
(Name of Person)

LA CARIDAD PAINT & Body Shop, Corp.  
(Name of Firm/Company)

9455 NW 109 St. Bay 107  
(Address)

Medley FL 33178  
(City/State and Zip Code)

For further information concerning this matter, please call:

Elvira Alonso at (205) 819-9761  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314