

P960000025538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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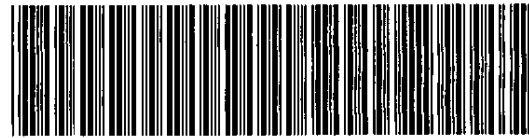
(Business Entity Name)

(Document Number)

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1 JUN 20 PM 3:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OD/Res
@ 6/22/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PORT ST LUCIE AUTO BODY INC
(Name of Corporation)

DOCUMENT NUMBER: P96000025538

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

Please return all correspondence concerning this matter to the following:

SAM MASCIA

(Name of Person)

(Name of Firm/Company)

1921 SW BILTMORE ST

(Address)

PORT ST LUCIE FL 34984

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at ()
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ^A CAROL MASCIA, hereby resign as VP, T.S.,
(Title)

of PORT ST LUCIE AUTO BODY INC,
(Name of Corporation)

P96000025538, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

FILED
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
11 JUN 20 PM 3:38

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