## P97 000 032871

(Requestor's I	Name)
(Addrose)	
(Address)	
(Address)	
(//dd/655)	
(City/State/Zip	/Phone #)
(Business En	nty Name)
	1
(Document N	umber)
(Document N	
Certified Copies Cer	tificates of Status
Special Instructions to Filing Office	ter:
	1 1
	ļ
Office	Use Only
5	· -··,



10/18/22--01021--006 \*\*85.00

## FILL BINSSENT

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

Best Car Care Inc. (Name of Corporation) SUBJECT: P97000032271 DOCUMENT NUMBER:

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

<u>niel Wehrman</u> (Name of Person) est Car Care Inc (Name of Firm/Company) N And St. <u>334</u>41 Field Beach 71

For further information concerning this matter, please call:

anie Wehrnan at (<u>954) 818-2</u> (Area Code & Daytime Telept

Enclosed is a check for \$\$5.00 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

٠. **OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION resi  $\underline{Man}_{, \text{hereby resign as}_{}}$ I. of (Name of Corporation) a corporation organized under the laws of the State of (Document Number, if known) Flocide "TALT LHASSEN TI 177 OCT 18 PH 4: 12 director) of resigning **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