

P97000097069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

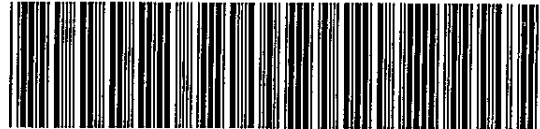
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GUANE AUTO CENTER, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000097059

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

Please return all correspondence concerning this matter to the following:

JUAN MOREJON  
(Name of Person)

GUANE AUTO CENTER, INC.  
(Name of Firm/Company)

3001 S.W. 8<sup>TH</sup> STREET  
(Address)

MIAMI FL 33135  
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN MOREJON at (305) 541-3832  
(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

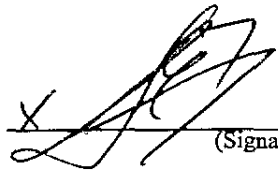
**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JUAN MOREJON, hereby resign as DP (Title)

of GUANE AUTO CENTER, INC.  
(Name of Corporation)

P97000097059, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

**FILED**  
04 JUN -7 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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