

P98000014719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

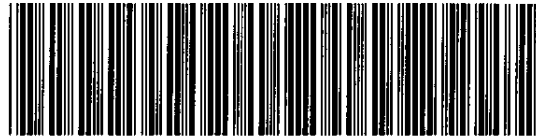
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: P98000014719

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

Please return all correspondence concerning this matter to the following:

STENIO TALLARIDA

(Name of Person)

SUNCOAST AUTO CENTER, INC.

(Name of Firm/Company)

1739 LONGVIEW LANE

(Address)

TARPON SPRINGS, FL. 34689

(City/State and Zip Code)

For further information concerning this matter, please call:

GLENN M. RAMDAS

(Name of Person)

at (727) 424-7401

(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

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

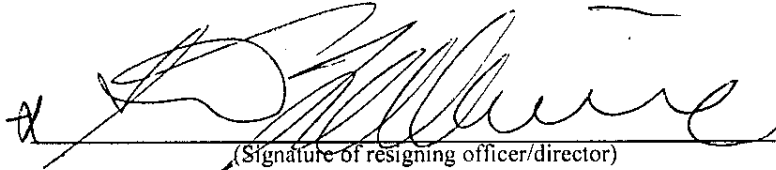
**07 MAY 18 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, STENIO TALLARIDA, hereby resign as SEC
(Title)

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

P98000014719, a corporation organized under the laws of the State of
(Document Number, if known)

FL


(Signature of resigning officer/director)

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