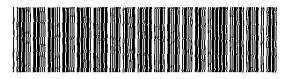
P98000054787

| (Requestor's Name) | | | | |
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| | | | | |
| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| One six the short time to Efficiency | | | | |
| Special Instructions to Filing Officer. | | | | |
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SECRETARY OF SINCE

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TRANSMITTAL LETTER

| ROHS ALITO SALES INC | |
|--|--------------|
| SUBJECT: ROHS AUTO SALES INC. (Name of Corporation) | |
| DOCUMENT NUMBER: P98000054787 | |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted | d for filing |
| Please return all correspondence concerning this matter to the following: | |
| Arlene Walker-Williams | |
| (Name of Person) | |
| ROHS AUTO SALES INC> | |
| (Name of Firm/Company) | |
| 5647 Funston Street | |
| (Address) | |
| Hollywood, Florida. 33023 | |
| (City/State and Zip Code) | s |
| For further information concerning this matter, please call: | |
| Arlene Walker-Williams at (954) 4486431 (Name of Person) (Area Code & Daytime Telephone | |
| (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 | |

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| L Rohan Williams | Rohan Williams hereby resign as President | | | |
|---------------------------------------|---|-------------------------------|--------------------|--|
| · · · · · · · · · · · · · · · · · · · | | (1 | fitle) | |
| of ROHS AUTO SALI | ES,INC. | | | |
| | (Name of Corporation) | | | |
| P98000054787 | a corporation of | rganized under the laws of th | e State of | |
| (Document Number, if | known) | | | |
| FLORIDA. | | | E. | |
| | (Signature of resigning | Meague officer/director) | OS MAY -9 AM 9: 12 | |

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