## P99000039316

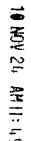
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Or ly



600187738656

11/24/10--01018--006 \*\*35.00









## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: South Florida Auto Terminal Incorporated (Name of Corporation)					
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing.				
Please return all correspondence concern	ing this matter to the following:				
Grant Murray Armstrong					
(Name of Person)					
South Florida Auto Terminal Incorporated					
(Name of Firm/Company)					
PO Box 22750					
(Address)					
Ft Lauderdale, FL 33335					
(City/State and Zip Cod	e)				
For further information concerning this n	natter, please call:				
Grant Murray Armstrong	at ( 954 ) 649 2575  (Area Code & Daytime Telephone Number)				
(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for \$35.00 made pay	able to the Florida Department of State.				
Amendment Section Am Division of Corporations Div Clifton Building Pos	iling Address: under Section vision of Corporations at Office Box 6327 lahassee, FL 32314				

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı Ri	chard Devon Stone	, hereby resign as	Director	PRESIDENT		
^,		, morey resign as		(Title)		
of South-Florida Auto:Terminal Incorpoarted						
(Name of Corporation)						
P99000039316		, a corporation organized under the laws of the State of				
	(Document Number, if known)		•			
Florid	da	•				

(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

10 NOV 21. AH 11: 49