

7-799000086513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

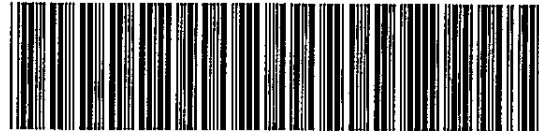
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000035239250

05/03/04--01062--014 **227.50

04 MAY -3 PM 4:04
CLERK
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6
010 RD
TRG
5/7

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Precision Collision Auto Repair Center Inc
(Name of Corporation)

DOCUMENT NUMBER: PG9000086513

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

Please return all correspondence concerning this matter to the following:

ALFRED TORRES
(Name of Person)

DANIELA + TORRES
(Name of Firm/Company)

911 N. MAIN ST
(Address)

Kissimmee, FL 34744
(City/State and Zip Code)

For further information concerning this matter, please call:

ALFRED TORRES at (407) 933 0307
(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, Gloria M. Crespo, hereby resign as Director
(Title)

of Precision Collision And Auto Repair Center, Inc.
(Name of Corporation)

999000086513, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Gloria M. Crespo
(Signature of resigning officer/director)

04 MAY -3 PM 4:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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