## 525750

(Re	equestor's Name)	
(Ad	ldress)	
	ldress)	
(,,,		
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	<del></del>
Certified Copies	Certificates o	of Status
Certified Copies	Connected	
Special Instructions to Filir	ng Officer:	

Office Use Only



100423689921

F778.7 559 -- 10 \*\*70.60





## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Arlington Tire and Service Center, Inc.
(Name of Corporation)
DOCUMENT NUMBER: S25750
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Adam Taft
(Name of Person)
Arlington Tire and Service Center, Inc.
(Name of Firm/Company)
5807 Merrill Road
(Address)
Jacksonville, FL 32277  (City/State and Zip Code)
For further information concerning this matter, please call:
TImothy Shippee at (904) 280-5575 (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
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>ı.</sub> <u>Arthur David Pre</u> s	ston IV , hereby resign as	Pirector
		(Title)
<sub>օք</sub> Arlington Tire and	d Service Center, Ir	ıc.
S27570 (Document Number, if known)	Name of Corporation)	er the laws of the State of
Florida	·	
	(Signature of resigning officer/director	2024 JAN 26

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00