571725

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
		
(Dusiness Estitutions)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Spoolar morrastians of filing critical.		
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SECRETARY OF STATE

off. Resign.

B JUN

COVER LETTER

Amendment Section Division of Corporations

TO:

P & S ALITOMOTI	VE SLIDDLIES INC
SUBJECT: R & S AUTOMOTI	(Name of Corporation)
DOCUMENT NUMBER: S7	1725
	signation for a Corporation and fee are submitted for filing
Please return all correspondence c	oncerning this matter to the following:
ARAMIS LOPEZ	
(Name of Pe	rson)
ACCOUNTANTS ASSOCIATI	ES
(Name of Firm/0	Company)
900 WEST 49TH STREET, S	UITE #418
(Address	
HIALEAH, FLORIDA 33012	
(City/State and 2	Zip Code)
For further information concernin	g this matter, please call:
ARAMIS LOPEZ	at (305) 556-2295 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ade 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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. SHELIA SALVADOR	, hereby resign as SECRETARY
7	(Title)
$_{ m of}$ R & S AUTOMOTIVE SUPPLIES, INC	
(Name of Corpora	ition)
\$71725 - ,a corp	oration organized under the laws of the State of
(Document Number, if known)	
FLORIDA	

(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