## 584014

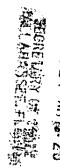
(Re	equestor's Name)	
(Ad	ldress)	
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	·	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: FOREIGN CAR SERVICE OF DERAY, INC. (Name of Corporation)
DOCUMENT NUMBER: S-84014
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LAWRENCE M. POOLEY (Name of Person)
FOREIGN CAR SERVICE OF DELRAY INC. (Name of Firm/Company)
750 N.E. 8th AVE. (Address)
DELRAY BEACH, FL 33483 (City/State and Zip Code)
For further information concerning this matter, please call:
LARRY POOLEY  at (56) 278-4233  (Name of Person)  at (56) 278-4233  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made 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,	LAWRENCE M	. Pooley,	hereby resign as_	PRESIDENT	_	
_				(Title)		
of	FOREIGN CAK	SERVICE	of Da	RAY INC.		
(Name of Corporation)						
	S' 84014 (Document Number, if known	, a corpora	tion organized un	der the laws of the State of	of	
	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 19 AUG 24 AM 18: 23

