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## TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: All Europ	pean Auto Repair, Inc.
DOCUMENT NUMBER	(Name of Corporation) K91519
11	or Resignation for a Corporation and fee are submitted for fill
Please return all corresponde	ence concerning this matter to the following:
Juliette Aouadi	Lowe
(Name	e of Person)
(Name of	Firm/Company)
1868 SE Harri	on St.
(A	ddress)
Stuart, FL 349	7
(City/State	and Zip Code)
For further information cond	erning this matter, please call:
Juliette Aouadi	Lowe <sub>at (</sub> 561 <sub>)</sub> 401-1156
(Name of Per	son) (Area Code & Daytime Telephone Numbe
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

CR2E044 (05/13)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l	PATRICIA	
of_	A.1	European Auto Repairs, Inc
_		(Name of Corporation)
	K91519	a corporation organized under the laws of the State of
	(Document Number	r, if known)
	FLORIDA	
		(Signature of resigning officer/director)
		(Signature of resigning officerion centr)

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

