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COVER LETTER

SUBJECT: CROWN MUFFLER & BRAKES TNC. (Name of Corporation)
DOCUMENT NUMBER: \$ 000 000 73955
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CLAIRE A NELSON RADLEIN (Name of Person)
CROWN MUFFLER & BRAKES, INC (Name of Firm/Company)
2710 W. SUNRISE BLUO. (Address)
F.T LOUDERDAKE, FLORIDA, 33311 (City/State and Zip Code)
For further information concerning this matter, please call:
CLAIRE RAPLEIN at (501) 870 5037 (Name of Person) (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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, CLAIRE A NEKSON RAGE Cohereby resign as VTM S (Title	<u>) </u>	_
of CROWN MUFFLER & BRAKES FNC. (Name of Corporation)	, ,	ı
10000073955, a corporation organized under the laws of the S	tate of	
FLORIDA.		
(Signature of resigning officer/director)	SECRETARY LINES	To a second

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