

P00000102677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

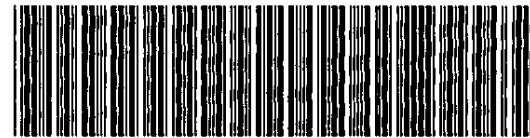
(Business Entity Name)

(Document Number)

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09/10/10--01018--015    \*\*35.00

10 SEP 10 PM 12:22  
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O/D Resign.

09/14/10

DC

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MR FIXIT AUTOMOTIVE + TIRE CENTERS  
(Name of Corporation)

DOCUMENT NUMBER: P 00000102677

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rob FITZ

(Name of Person)

MR FIXIT AUTO + TIRE CENTERS

(Name of Firm/Company)

320 N. CONGRESS AVE

(Address)

DELRAY BEACH FL 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

Rob FITZ

(Name of Person)

at (561) 278-1127

(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

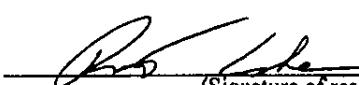
OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

I, ROBERT COHEN, hereby resign as DIRECTOR  
(Title)

of MR. FIXIT AUTOMOTIVE + TIRE CENTERS, INC.,  
(Name of Corporation)

P00000102677, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

FILED  
16 SEP 10 PM12:22

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