

P00000102677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

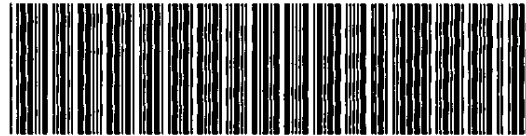
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200185146932

09/10/10--01018--015 **35.00

FILED
10 SEP 10 PM 12:22

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 BCH, FL 33445
(City/State and Zip Code)

For further information concerning this matter, please call:

ROB FITZ at (561) 278-1127
(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

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)

700000102677, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
10 SEP 10 PM 12:22
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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