## PD100083824

questor's Name)					
dress)					
dress)					
y/State/Zip/Phone	• #)				
☐ WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
_ Certificates	of Status				
Special Instructions to Filing Officer:					
	į				
	i				
	dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nan  cument Number)  Certificates				

Office Use Only



000241481160

11/27/12--01004--020 \*\*35.00

SECRE WAY OF TAKE TO THE SECRETARY OF CORPORATION 12 MM 9: 29

0) 1/29/12

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT. D & S MUFFLERS, INC

(Name of Corporation)

DOCUMENT NUMBER: P01000083826

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

Please return all correspondence concerning this matter to the following:

CARLOS A EXCLUSA

(Name of Person)

D & S MUFFLERS, INC

(Name of Firm/Company)

**4013 SOUTH DIXIE HWY** 

(Address)

WEST PALM BEACH, FL 33405

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS A EXCLUSA

<sub>...</sub>561 \273-3464

(Name of Person)

(Area Code & Daytime Telephone Number)

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 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

WILLIAM B. EXCLU	JSA	_, hereby re	esign as VIC	(Title)	IDEN I
D & S MUFFLERS,	INC				· · · · · · · · · · · · · · · · · · ·
	of Corpora	tion)			
P01000083826 (Document Number, if known)	, a corpo	oration orga	nized under tl	ne laws of the Sta	ate of
FLORIDA					
		د <sub>~</sub>	1		- E

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