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LARL ARASSEE, FLORIDA

Roberts MAY 0,7/20101

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJECT: Bob Brooks Motor Co., dba Precision Parts & Remfg Co, Inc.				
		(Name of Corporation)		
DOCU	JMENT NUMBER:			
The er	closed withdrawal application and	nd fee are submitted for filing.		
	return all correspondence concernito the following:	ing this		
	Lynda Brooks			
(Name of Person)				
	Precision Parts			
		(Firm/Company)		
	4411 S.W. 19th			
(Address)				
Oklahoma City, OK 73108				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Lvnd	a Brooks	_{at (} 405 <u>)</u> 681-2592 x226		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Bob Brooks Motor Campany -	A. Carrier and the second second
(Name of Corporation)	
	题 言。 ①
(Document Number of Corporation	(if known)
State of Oklahoma	
(Incorporated Under Laws	of) FLORIE
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flo	based on a cause of action arising during the
The following is a current mailing address for the corporation:	·
4411 S.W. 19th	
(Mailing Address)	
Oklahoma City, OK 73108	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future.	ure of any change in its mailing address.
and Sinh	4/30/10
(Signature/of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Lynda Brooks	Treasurer/Controller
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35