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(Addres	ss)	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: T.J.'S TRANSMISSION AND COMPLETE AUTO REPAIR.INC
(Name of Corporation)
DOCUMENT NUMBER: P92000003630
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ROBIN REAGAN
(Name of Person)
T.J.'S TRANSMISSION AND COMPLETE AUTO REPAIR,INC.
(Name of Firm/Company)
1700 US HWY 441
(Address)
LEESBURG .FL 34748
(City/State and Zip Code)
For further information concerning this matter, please call:
ROBIN REAGAN 352 728-1200
(Name of Person) at (

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

JOSEPH L. REAGAN	P,S , hereby resign as	
1		(Title)
T.J.'S TRANSMISSION AND COM		
()	Name of Corporation)	
P92000003630	, a corporation organized under the	e laws of the State of
(Document Number, if known)		
FLORIDA		
Joseph	(Signature of resigning officer/pirector)	
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		3

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314