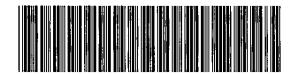
P.97000036694

(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:





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: PRO FIX MUFFLER & BRAKE CENTER, INC. (Name of Corporation)		
DOCUMENT NUMBER: P97000036694		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing		
Please return all correspondence concerning this matter to the following:		
Brenda L. Herman		
(Name of Person)		
(Name of Firm/Company)		
4842 E. Stoer Lane		
(Address)		
Floral City, FL 34436		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Brenda L. Herman (Name of Person) at (727) 776-3499 (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 2661 Executive Center Circle Tallahassee, FL 32301		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

լ Brenda L. Herman	, hereby resign as Director
	(Title)
01	R & BRAKE CENTER, INC.
P97000036694	_, a corporation organized under the laws of the State of
Florida	
	9
	da L. Delman 3 71 3 71 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	FILE SECTION OF THE S

FILING FEE IS \$35.00

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

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

Jo Whom It May Concern,

A Brenda Leeman resigned from
Pro-frip Muffler + Broke Ctin, Inc. on July 18, 11

my name was added back on the 2012

annual Ruport without my kinary ledge
or consent. Any questions feel free to
call me @ 727.776-3499. Thank you