

S41501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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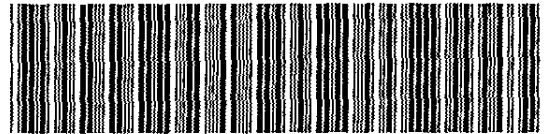
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2004 APR 29 PM 5:00

R.A. Resignation
LPT
5-7-04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE AXLE DOCTOR, INC.

(Name of Corporation)

DOCUMENT NUMBER: S41501

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALMA NAVARRO

(Name of Person)

THE AXLE DOCTOR, INC.

(Name of Firm/Company)

6216 EAST BROADWAY AVE.

(Address)

TAMPA, FLORIDA 33619

(City/State and Zip Code)

For further information concerning this matter, please call:

ALMA NAVARRO

(Name of Person)

at (813) 628-0630

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2004 APR 29 PM 5: 00

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, ROBERT NAVARRO

(Name of Registered Agent)

hereby resigns as Registered Agent for THE AXLE DOCTOR, INC.,

(Name of Corporation)

S41501

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Robert Navarro

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314