

S41501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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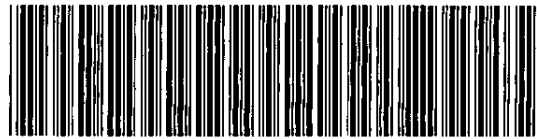
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

09 MAR -4 PM 2:00

OD/RES
@ 3/5/09

2/20/2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE AXLE DOCTOR, INC.
(Name of Corporation)

DOCUMENT NUMBER: S41501

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

Please return all correspondence concerning this matter to the following:

ROBERT 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 at (813) 628-0630
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

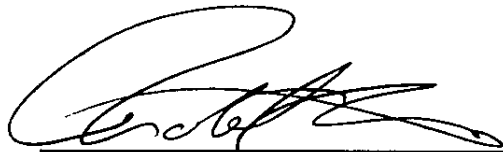
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ROBERT NAVARRO, hereby resign as PRESIDENT
(Title)

of THE AXLE DOCTOR, INC.
(Name of Corporation)

S41501, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

 2/20/2009
(Signature of resigning officer/director)

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

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DIVISION OF CORPORATIONS
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