L020000 74824

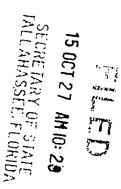
(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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OCT 28 2015 **J** SHIVERS

COVER LETTER

- TO: Registration Section

CR2E079 (2/14)

Division of Corporations		
SUBJECT: Fleet Wheels, LLC		
	ted Liability Con	npany)
The enclosed member, resignation or dissocia	ntion and fee(s	a) are submitted for filing.
Please return all correspondence concerning t	his matter to:	
Gary Mott		
(Contact Person)		_
Fleet Wheels, LLC		
(Firm/Company)		-
1515 N Congress Ave, Ste A		
(Address)		_
Delray Beach, FL 33445		
(City/State and Zip Code)	-	_
For further information concerning this matte	r, please call:	
Gary Mott	561	266-8709
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	it appears on the records of the Florida Department
of State is:	et Wheels, LLC	
2. The Florida doc L0200003482		ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is: October 31,201
4. I, Laurie Conn	Name of Person Resigning)	, hereby withdraw/resign as a
Secretary		∑
	(Print Title)	15 CLLA
resignation in wi	riting.	ne limited liability company has been notified of my
	issociating Member or Resig	gning Manager
•	\$25.00 (Required)	