

L14000648358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

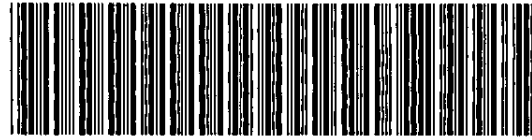
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 DEC -3 AM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
AND

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DEC 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Princes Auto Mow LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Hoffees Ballb
(Contact Person)

Princes Auto Mow LLC
(Firm/Company)

2821 N Florida Ave
(Address)

Tampa FL 33612
(City/State and Zip Code)

For further information concerning this matter, please call:

Hoffees Ballb at (813) 484-7991
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
 \$25 Filing Fee

\$55 Filing 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: Princes Auto mall LLC

2. The Florida document/registration number assigned to this limited liability company is: 14006048358

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/21/14
4. ALLYN BECK hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -3 AM 12: 05

FILED

AND

APPROVED