L0900000526 3

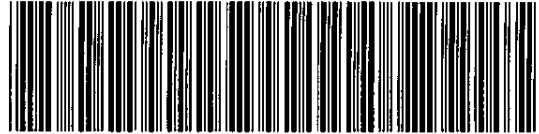| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |

☐ PICK-UP   ☐ WAIT   ☐ MAIL

| (Business Entity Name) |
| (Document Number) |

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300144710953

03/04/09--01030--016   **25.00

S. HAWKES
mar 5 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: <u>PREMIUM CARS OF DADE CITY, LLC</u>

<div align="center">(Name of Limited Liability Company)</div>

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

Please return all correspondence concerning this matter to:

GREGORY DE LA RUE

<div align="center">(Contact Person)</div>

PREMIUM CARS OF DADE CITY,LLC

<div align="center">(Firm/Company)</div>

20225 US HWY 301 NORTH

<div align="center">(Address)</div>

DADE CITY, FLORIDA 33523

<div align="center">(City/State and Zip Code)</div>

For further information concerning this matter, please call:

GREG DE LA RUE   at (813) 312-3063

(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: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

CR2E079 (5/06)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **PREMIUM CARS OF DADE CITY, LLC** .

2. This limited liability company was organized under the laws of:
FLORIDA .

3. The Florida document/registration number of this limited liability company is:
L09000005263 .

4. I, **CLARENCE A NICHOLSON** , hereby resign as a **MGR**
(Print Name of Person Resigning)   *(Print Title)*

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

Clarence A. Nicholson

Signature of Resigning Member, Managing Member or Manager

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

CR2E079 (5/06)