

L08000020034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIMS AUTOBODY and Repair 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:

SOPHEA LIM
(Contact Person)

LIMS AUTOBODY and Repair
(Firm/Company)

12201 66th ST. N.
(Address)

LARGO, FL 33773
(City/State and Zip Code)

For further information concerning this matter, please call:

LIM at (727) 422-3232
(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



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 18 PM 3:54

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: LIMS AUTOBODY and Repair LLC

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

LO8000020034

3. The date this member/manager withdrew/resigned or will withdraw/resign is: April 15, 2015

4. I, DIANA K Lim, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR
(Print Title)

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

[Signature] MGR
Signature of Dissociating Member or Resigning Manager

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