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(Requestor's Name)

RON FRASER
2682 PALMER PLACE
WESTON, FL. 33332

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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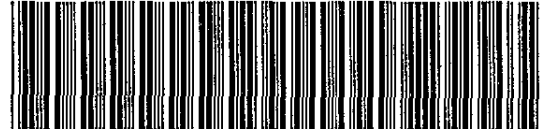
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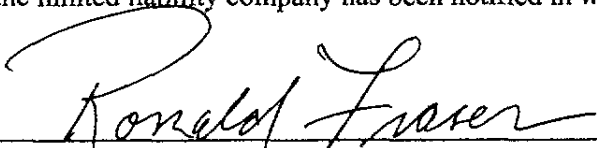
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SEAL STATE
TALLAHASSEE FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, RONALD FRASER, hereby resign as MANAGER
(Title)
of AUTOMOTIVE RISK MANAGEMENT, L.L.C.,
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA

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


(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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