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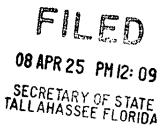
COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MBS MOTORS (Name of Limited Liab	LLC pility Company)
The enclosed member, managing member or managiling.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
Patricia Pollari (Contact Person)	
Advance Financial (Firm/Company)	SVC
7274 NW 13 Way	
Parkland FC 3306 (City/State and Zip Code)	7
For further information concerning this matter, plea	se call:
Patricia Pollari at (Archine of Contact Person)	154) 2553848 ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	lorida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it a		f the Florida Department
of State is: P	lbs motoes,	LU	<u></u> ,
			•
	ty company was organized un	der the laws of:	
Floric	L'A	_•	
3. The Florida docum	nent/registration number of thi	s limited liability compa	any is:
	055537		. *-
		_ '	
4.1, GEORGE	e of Person Resigning)	_, hereby resign as a	MERN
(Print Nam	ne of Person Resigning)		(Print Title)
of this limited liabil resignation in writing	ity company and affirm the ling.	nited liability company	has been notified of my
			
Signature of Resign	ning Member, Managing Mem	ber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:			