L05000036473

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SCOKETARY OF STATE
BIVISION OF CORPORATION

C. LEWIS

JUL 18 2014

EXAMPLES

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: True Lube Express, 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:
Leota D. Wilkinson
(Contact Person)
(Firm/Company)
Palatka FL 32177 (City/State and Zip Code)
(Address)
Talatka FL 32111
For further information concerning this matter, please call:
Leota D. Wilkinson at 386, 983-8424
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$25 \text{ Filing Fee & Certified Copy}\$\$
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section
Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

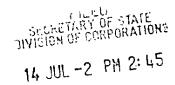
Clifton Building

Registration Section
Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301





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
-T	rue Lube Express LLC
01 State 18:1	We have the property of the pr
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L0500	0036473
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: \(\sum_{\text{une 28, 201}}\)
4.1, Roscoe	E. Wilkinson, hereby withdraw/resign as a came of Person Resigning)
mg R	Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Rosere & u	jui-
Signature of Dis	ssociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)