

LD5000051233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

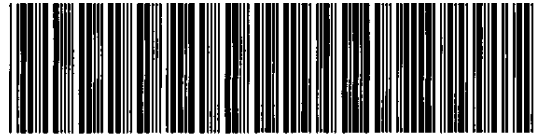
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

06/12

Office Use Only



600076040146

005-4500458-1002868796
DEPOSIT ONLY \$50.00
06/13/06--01001--006

06/13/06--01001--006 **50.00

06 JUN 12 PM 4: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C2 Automotive LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael T. Carbone II
(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Carbone II at (850) 291-8429
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

CR2E079 (8/05)

FROM :

FAX NO. :

Jun. 07 2004 10:40AM P2

Jun 07 06 12:42p

8502247800


p. 2

I, Ozvaldo Carbonell, am writing this letter to state my official resignation from C2 Automotive LLC as a managing member and forfeit all ownership to Michael T Carbonell and Robert Carbonell III. This resignation will be effective starting on the 7th day of June, 2006.

x 

Signed before me. 6/8/06.

Catherine Zielinski

NOTARY PUBLIC-STATE OF FLORIDA
 Catherine Zielinski
Commission # DD425464
Expires: JUNE 20, 2009
Bonded Thru Atlantic Bonding Co., Inc.

FILED

06 JUN 12 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA