

L05000080002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer

8-7/12

Mgr. Resignation

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUL 11 PM 3:33

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIAMI TIRES PLUS, 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:

CARMEN BENITEZ

(Name of Person)

MIAMI TIRES PLUS, LLC

(Firm/Company)

2545 W. COLUMBUS DRIVE

(Address)

TAMPA, FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

CARMEN BENITIEZ

(Name of Person)

at ( 813 ) 870-6620 / (813) 598-3327 cell

(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)



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

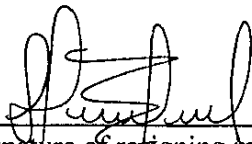
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, HAROLD SULBARAN, hereby resign as MGRM  
(Title)

of MIAMI TIRES PLUS, LLC,  
(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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