LOS-000/20182

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
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15-120682

COVER LETTER

TO: Registration Section Division of Corporations				
	AUTO SALE			
Dear Sir or Madam:				
The enclosed Resignation of Member, Managir	ng Member or M	anager and fee(s) are submit	ted for filing.	
Please return all correspondence concerning thi	is matter to the fo	ollowing:		
AAANUUTU DIVEDA				
MANUEL RIVERA (Name of Person)		_		
(Name of Ferson)			200 TAIS	
MANY AUTO SALES, L	LC.	>	ECR.	ggs.d marri
(Firm/Company)			ETA:	
1265 NW 29TH STRE	ET	outs to the wa	2006 NOV 14 PM 1: 25 SECRETARY OF STATE TALLAHASSEE. FLORID	
(Address)	** *.		- ST -	l de la constant
MIAMI, FL. 33142	<u>)</u>		TE 25	
(City/State and Zip Code)		-		
For further information concerning this matter,	please call:			
MANUEL RIVERA	at (305	877-2343		
(Name of Person)		& Daytime Telephone Num	nber)	
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	t :			
\$25 Filing Fee		S55 Filing Fee & Certified Copy		
CR2E079 (8/05)		Sommon Sopj		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, NOE SORIANO	, hereby resign as	MANAGER (Title)		
	(UTO SALES, LLC. ted Liability Company)		,	,
a limited liability company organized under and affirm that the limited liability company		FLORIDA TALE AREA	2006 NOV	
and armin that the minted hability compar	lly has been notified in with	SSEE, FL	ILL PH	
(Signature of resigning m	anager, managing member o	or member)	25	

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