(Re	equestor's Name)		
(Ac	idress)		
(Ac	ddress)	<u>,</u>	
(Ci	ty/State/Zip/Phone	o #0	
(Ci	ty/State/Zip/Prioni	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bı	usiness Entity Nar	me)	
,	ŕ	·	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:		

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SOUTHWEST FULLOS (Name of Limited	DEALERS ASSUCIATION, LL
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning the	is matter to:
BASSIL BASSIL (Contact Person)	
(Contact Person)	
434	
(Firm/Company)	
4348 LOST FUREST LA	NE
(Address)	
SARASSTA FL 34 (Clty/State and Zip Code)	235
(City/State and Zip Code)	
For further information concerning this matter,	
BASSIL BASSIL :	1 (941) 355-7683
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Evecutive Center Circle	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

1. The name of the limited liability company as it approf State is: Southwest Florida 1		-	-
2. This limited liability company was organized unde	er the laws of:		DIVISION OF CURPORNIZ: 14
3. The Florida document/registration number of this I	limited liability	company is:	9 24 12: 1 h
4. I, ANTHUNY J. BEGLEY (Print Name of Person Resigning)			
of this limited liability company and affirm the limitesignation in writing.	·	mpany has been notifie	d of my
Signature of Resigning Member, Managing Member Filing Fee: \$25.00 (Required)	er or Manager		
Certified Copy: \$30.00 (Optional)			