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SECRETARY OF STATE
DIVISION OF CORPORATIONS



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MUSSELWHITE AUT	TO & TRUCK SACES ted 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 r	natter to the following:
AUSTIN ROSS (Name of Person)	2006 AUG 30 AH 10: 2
(Firm/Company)	
4053 BONNIE DR.	
4053 BONNIE DR. (Address)  APOPKA FL. 32703 (City/State and Zip Code)	ORPORATION 21
For further information concerning this matter, ple	ease call:
Austin Ross (Name of Person)	at ( <u>407</u> ) <u>383-77/8</u> (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, AUSTIN LOSS , hereby resign as MANAGER (Title)  of MUSSELWHITE AUTO & TRUCK SALES , (Limited Liability Company)  a limited liability company organized under the laws of the State of FURIDA , and affirm that the limited liability company has been notified in writing of the resignation.  Signature of resigning manager, managing member or member)
a limited liability company organized under the laws of the State of FORT) A, and affirm that the limited liability company has been notified in writing of the resignation.
a limited liability company organized under the laws of the State of FORT) A  and affirm that the limited liability company has been notified in writing of the resignation.  Signature of resigning manager, managing member or member)
and affirm that the limited liability company has been notified in writing of the resignation.
Giorgeting of resigning manager, managing member or member)
(Signature of resigning manager, managing member or member)
(Signature of resigning manager, managing member or member)
<b>~</b>
<b></b>
(Signature of resigning manager, managing member or member)
CONTRACTOR OF THE CONTRACTOR O

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