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SECRETARY OF STATE

COVER LETTER

\cdot
TO: Registration Section
Division of Corporations
SUBJECT: MONZA ANTO SALES
SUBJECT: Mow to S.Ales (Name of Limited Liability Company)
(reality of Eliminot
The enclosed member, managing member or manager resignation and fee(s) are submitted for
filing.
Please return all correspondence concerning this matter to:
. ^ !
RICATION GARCIN-REGAL (Contact Person)
(Contact Person)
MONTA Auto Sales CLC (Firm/Company)
(Firm/Company)
1226 S. DIXIE HWY
(Address)
SSR -1 :
= 15 FL 33020
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee &
\$25 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 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
CR2E070 (5(06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as		he records of the	he Florida De	partment
2. This limited liab	ility company was organized	under the laws	of:	· .	:
FLO	NIDA				S 200
3. The Florida docu	ument/registration number of	this limited lia	bility compan	y is:	ECRETARY
4. L, x M/L	AN Kuriday ame of Person Resigning)	, hereby re	esign as a	(Print Title)	AH II: 06
of this limited liab resignation in wri	oility company and affirm the ting.	e limited liabili	ty company ha	s been notifie	
* Jugge	A	•	· 		•
Signature of Resi	gning Member, Managing M	lember or Mana	ager		
Filing Fee:	\$25.00 (Required)		(
Certified Copy:	\$30.00 (Optional)		•	•	