## 1000000089581

	Requestor's Name)				
(Address)					
(Address)					
(1	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(1	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
<u>.</u>					

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11 OCT -7 PM 3: 56

D. BRUCE
OCT 10 2011
EXAMINER

## **COVER LETTER**

Division of Corporations				
SUBJECT: COZO COLLISION (Name of Limited Liability Con	npany)	<del></del>		
The enclosed member, managing member or manager resigning.	gnation and fee(s) are subm	itted fo	or	
Please return all correspondence concerning this matter to:				
Steven A. Ramoni (Contact Person)	<u></u>			
FOX + Ramunni (Firm/Company)	_			
2211 Widman Way Suite 250 (Address)	_	ALLAHA	11 007	
Fort Myws, FC 33901 (City/State and Zip Code)	-	SEE, FL	-7 階 (	
For further information concerning this matter, please call:	:	TATE ORID,	<del>કુ</del> 56	*******
Steven A. Lamonni at (239 (Area Code	) <u>791-3900</u> & Daytime Telephone Numb	Der)		
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: 555 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314	4		
Tallahassee, Florida 32301				

CR2E079 (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 a	as it appears on the records o	of the Florida Department
2. This limited liab	ility company was organize	ed under the laws of:	
	nment/registration number of 500 89581	of this limited liability comp	pany is:
of this limited liab	ame of Person Resigning) pility company and affirm t	, hereby resign as a	(Print Title)
resignation in wri	gring Member, Managing	Member or Manager	<b>≨</b> ~
	,	Wichfold of Manager	11 OCT -
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		7 M 3:50