# L06000095429

(Requestor's Name)				
(Ac	idress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			
	A	LI		
		ŧ		

Office Use Only



000081449580

11/06/06--01015--020 \*\*25.00

1000 NOV -6 P 4: 42 ECRETARY OF STATE

### **COVER LETTER**

Division of Corporations	
SUBJECT: FINANCE LEASE É Acternache (Name of Limited Liability Com	+ Consultants LLC
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or Ma	anager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
SEAN CONNOLLY (Name of Person)	_
Finance Lease & Aftermarket Consultants LLC (Firm/Company)	ECRE
13499 Biscayne Boulevard Suite 4 (Address)	[7]
North Miami, FL 33181 (City/State and Zip Code)	P 4: 42  P STATE  FLORIDA
For further information concerning this matter, please call:	
	919-9727 e & 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:	
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, KEVIN SEWELL	_, hereby resign as	MGR	_		
		(Ti	是 3S	1006	
of FINANCE LEASE & AFTERMARKET CONS	SULTANTS LLC		CRE	8	
(Limited Liability	ty Company)		ΓAR NSS	1	
a limited liability company organized under the law	vs of the State of	LORIDA	ARY OF		
and affirm that the limited liability company has be				<del></del>	
and arrived that the minied hability company has be	on nounce in writing	ing or the re	AON	24.	
1-2//			_		
(Signature of resigning manager, r	nanaging member o	or member)			

### 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