## Loboob111359

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



800210573128



.08/04/11--01005--003 \*\*25.00

SECRETARY OF STATE DIVISION OF CORPORATION

> 9.

THAMPION AND TO AND THE PARTITION OF THE

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Cand G Auto (Name of Limited Li	SALES LLC ability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
Marilya Walker (Contact Person)	
(Firm/Company)	<del></del>
4471 NW 43rd St.	
LAUGETCIZIE LILS 71 3 (City/State and Zip Code)	3319
For further information concerning this matter, ple	ease call:
Mari un - Walker - at ( (Name of Contact Person) - (A	954 )-216-7341- Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee & Certified Copy
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



## 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		
-			
	oility company was organized		
Any An	d-All-Lawful b	MSI'NESS -	
•	Florida	<del>.</del>	
3. The Florida doc	ument/registration number of	this limited liability comp	any is:
	111359		
<u> </u>		······································	
4.1, Marilu	ame of Person Resigning)	, hereby resign as a	MGR
(Print N	ame of Person Resigning)	<u></u> ,	(Print Title)
	bility company and affirm th	e limited liability company	has been notified of my
resignation in wr	iting.		
ĺ	Palm		
Signature of Res	igning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		<u>ت</u>
Certified Copy:			<b>→</b> Vis
	TT STORY (OPINIONAL)		TH AUG
			G OF