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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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SECRETARY OF STATE
DIVISION OF CORPORTATIONS

T. HAMPTON DEC 1 5 2010

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AUTRAC NTEKN	ATIONAL LLC d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
BONNY BOWYER (Contact Person)	
BayER + Mc Cyward (Firm/Company)	aH PA
240 MOHAWK RD (Address)	·
CLERMONT FL 347 (City/State and Zip Code)	1
For further information concerning this matter,	please call:
BONNY BOUYEK (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\)\$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

1. The name of the	limited liability company	as it appears on the	e records of	f the Florida De	partment
of State is:	AUTRAC INTE	ERNATIONAL	LLC		
_	vility company was organi		of:		
<u>Flor</u>	RIDA	•			
	ument/registration numbe		oility compa	any is:	
<u> </u>	000 115505	·	•		
4. 1, <u>SUSAN</u> (Print N	J. Morris Jame of Person Resigning)	, hereby res	sign as a	MEMBEI (Print Title)	2
	bility company and affirm				
	Mornis				
Signature of Res	igning Member, Managin	g Member or Mana	ger		
					* `**
_	\$25.00 (Required)				S IARC
Certified Copy:	\$30.00 (Optional)				