107000034340

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer:			

Office Use Only



900199786359

04/04/11--01040--007 **25.00



D. BRUCE

APR 0 5 2011

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations					
SUBJECT: Hai	rden Motors LLC	d Liability Co	ompany)			
·	·	-	ignation and fee(s) are submit	tted for		
filing. Please return all co	orrespondence concerning th	is matter to	:			
Colon Harder	n Sr					
	(Contact Person)	`	·			
Harden Motor	's LLC			34m4		
	(Firm/Company)			产品	=======================================	
10269 US Hig				HAS	APR-4	T I I
	(Address)			₹Υ @i SEE,		
Live Oak FI 32				(OF STAI	RH 12: 46	
	(City/State and Zip Code)			ATE RIDA	9	
For further informa	ation concerning this matter,	, please call				
Colon Harden		at (386	330-5297			
(Name of	Contact Person)	(Area Cod	e & Daytime Telephone Numbe	er)		
	nd a check made payable to 1 25 Filing Fee		Department of State for: \$55 Filing Fee &			
Y ., *	23 1 milg 1 00		Certified Copy			
STREET/COURI			MAILING ADDRESS:			
Registration Section			Registration Section			
Division of Corpora Clifton Building	BUONS		Division of Corporations P.O. Box 6327			
2661 Executive Cer	nter Circle		Tallahassee, Florida 32314			
Tallahassee, Florida			1 WHILLIAM 3000, 1 101 NGC 32317			

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 of State is: Hai	limited liability company as rden Motors LLC	s it appears on the record	ls of the Florida Do	epartment	
2. This limited liab Florida	ility company was organized	d under the laws of:			
3. The Florida doct L07000034	ument/registration number o 4340	f this limited liability co	mpany is:		
4. I. Anjanette	Sparks	, hereby resign as a	, managing me	ember (owne	r)
	ame of Person Resigning)		(Print Title)		
resignation in wr	bility company and affirm thiting. gning Member, Managing N		any has been notifi	ed of my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		, corio,	MPR-4 BM 123 46 AHASSEE F, STATE	7