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	T:	N1331					
			AUTU	SAL	5 85	4	<u>c</u>
			(Nam	e of Limited	l Liability	Comp	any)
The enclo	osed me	ember, mai	naging mer	nber or m	anager r	esigna	ation and fee(s) are submitted fo
Please ret	turn all	correspon	dence conc	erning thi	s matter	rto:	
Pc	BEI	e-10	GOM act Person)	ES			-
		(Cont	act Person)				
NIS	SI P	WTO (Firm	SAUES (Company)	LIC			
			22 m				
		(Ac	idress)				
MIA	HMI	FL (City/Stat	33/ e and Zip Cod	33 le)			,
For furthe	er infor	mation co	ncerning th	iis matter,	please o	call:	
PATT	YZI CI (Name	A GC	Person)	a	t (305 (Area (5) Code &	753 9782 Daytime Telephone Number)
	please		ck made pa		he Flor <u>i</u>	da De	partment of State for: 5 Filing Fee & Certified Copy
Registrati Division Clifton B 2661 Exe	ion Sec of Corp building ecutive	orations	cle			P P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 records of the Florida Department
of State is: NISSI AUTO SALE	suc
2. This limited liability company was organized un	ider the laws of:
FUOPIDA	<u> </u>
3. The Florida document/registration number of th	is limited liability company is:
L07000037892	
4. I, CARLOS P. SA SILVA TA (Print Name of Person Resigning)	, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the li resignation in writing.	mited liability company has been notified of my
12	n 🚐 volono transparatoria e e e e e e e e e e e e e e e e e e e
Signature of Resigning Member, Managing Mem	nber or Manager 27
	AUG
	Q,

\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: