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| Special Instructions to Filing | n Officer |] | | |
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04/24/09--01034--004 **25.00



S. HAWKES

APR 2 9 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: PRECISION AUTO SERVICES | · · · · · · · · · · · · · · · · · · · |
| (Name of Limited Liability (| Company) |
| The enclosed member, managing member or manager refiling. | signation and fee(s) are submitted for |
| Please return all correspondence concerning this matter | to: |
| Nancy Durand | |
| (Contact Person) | |
| PRECISION AUTO SERVICES, LLC | |
| (Firm/Company) | |
| 6151 Miramar Pkwy Suite 206 | |
| (Address) | |
| 14.1 | |
| Miramar, Florida 33023 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please ca | all: |
| Nancy Durand at (954 | 850-3893 |
| (Name of Contact Person) (Area Co | ode & Daytime Telephone Number) |
| D. J. J. Levy Co. J. alask made mouble to the Florid | la Damantment of State for |
| Enclosed please find a check made payable to the Florid | \$55 Filing Fee & |
| ₹ \$23 rilling ree | Certified Copy |
| | Conned Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | mited liability company as in | | of the Florida Depart | etment |
|---|---|---------------------------|-----------------------|-----------------|
| 2. This limited liabilit | ty company was organized t | under the laws of: | ELWEST BY SAM | PR 24 MI 11: 56 |
| 3. The Florida docum <u>L080000007</u> | ent/registration number of t | his limited liability con | npany is: | 6 |
| 4. I, NANCY DUI | RAND | , hereby resign as a | MANAGER | |
| , | e of Person Resigning) | | (Print Title) | |
| restanation in writing | ity company and affirm the ng. ing Member, Managing Me | | ny has been notified | of my |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | |