108000007613

(Requestor's Na	me)		
(Address)			
(Address)	 		
(City/State/Zip/P	hone #)		
PICK-UP WAIT	MAIL		
(Business Entity	Name)		
(Document Number)			
Certified Copies Certified	cates of Status		
Special Instructions to Filing Officer:			

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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

D. BRUCE
DEC 3 0 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2011

JULIO A TORO 8333 E. COLONIAL DR. ORLANDO, FL 32817

SUBJECT: SMART CHOICE MOTOR, LLC

Ref. Number: L08000007613

We have received your document for SMART CHOICE MOTOR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 011A00021367

COVER LETTER

Division of Corporations	w.··
SUBJECT: Smart Choice M. (Name of Limited Lia	
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
Julio A. TOTO (Contact Person)	· · · · · · · · · · · · · · · · · · ·
Smart Churce Motor, L	LC
8603 E. Colonial Dr. (Address)	
Onando R 32017 (City/State and Zip Code)	PHINE LL OF STATE FLORID
For further information concerning this matter, plea	ise call:
Julio A 1010 at (Name of Contact Person)	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	lorida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations 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

1. The name of the li	imited liability components that	pany as it appears on the records of	of the Florida Department
2. This limited liabile	ity company was org	ganized under the laws of:	
3. The Florida docum	nent/registration nur	mber of this limited liability comp	oany is:
4. I, Pablo (Print Nam	ne of Person Resigning)	Liver hereby resign as a _	ULIR (Print Title)
of this limited liabil		firm the limited liability company	has been notified of my
Signature of Resign	ning Member, Mana	ging Member or Manager	. 19.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		11 DEC 2

CR2E079 (5/06)