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(Re	equestor's Name)			
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C. LEWIS

OCT 1 6 2009

EXAMINER

COVER LETTER

Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: DEALER CONNECTION	I. LLC
	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning the	is matter to:
MICHAEL J. COOPER, ESQUIRE	
(Contact Person)	
MICHAEL J. COOPER, P.A.	
(Firm/Company)	
321 NW THIRD AVENUE	
(Address)	
OCALA, FL 34475	,
- (City/State and Zip Code)	
For further information concerning this matter,	please call:
MICHAEL J. COOPER a	, 352 ₎ 732-4500
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	
\$25 Filing Fee	\$55 Filing Fee &
	Certified 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)

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2009 OCT 15 PM 12: 50

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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 LER CONNECTION.	, ,	s of the Florida Department
2. This limited liabili FLORIDA	ty company was organized	under the laws of:	
3. The Florida docum L080000096	nent/registration number of	this limited liability con	npany is:
of this limited liabi resignation in writi	ne of Person Resigning) lity company and affirm the	limited liability compa	MANAGING MEMBER (Print Title) ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		