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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAI | L |
| | |
| (Business Entity Name) | |
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| ·· (Document Number) | , . |
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| Certified Copies Certificates of Status | ; |
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| Special Instructions to Filing Officer: | |
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G. MCLEOD

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EXAMINER



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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|----------------|---|---|
| SUBJI | | |
| | (Name of Limited Liability Corr | npany) |
| The en filing. | closed member, managing member or manager resign | nation and fee(s) are submitted for |
| Please | return all correspondence concerning this matter to: | |
| JENI | NIE HOWITT | |
| | (Contact Person) | - |
| JENN | NIE KREITZ ASSOCIATES, INC. | |
| | (Firm/Company) | • |
| 3333 | W COMMERCIAL BLVD #110 | _ |
| | (Address) | |
| | | |
| FT: L | AUDERDALE, FLORIDA 33309 | |
| • | (City/State and Zip Code) | • |
| For fur | ther information concerning this matter, please call: | |
| JENI | NIE HOWITT at _ 954 | 735-7178 & Daytime Telephone Number) |
| | (Name of Contact Person) (Area Code | & Daytime Telephone Number) |
| Enclos | ed please find a check made payable to the Florida D | |
| | ✓ \$25 Filing Fee \$ | 55 Filing Fee & |
| | | Certified Copy |
| STRE | ET/COURIER ADDRESS: | MAILING ADDRESS: |
| _ | | Registration Section |
| | | Division of Corporations |
| | | P.O. Box 6327 |
| | | Tallahassee, Florida 32314 |
| Tallaha | assee, Florida 32301 | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | limited liability company as E AUTO BODY SHO | | | partm | ent · |
|--|--|----------------------------|----------------------|--------------------|--|
| 2. This limited liab | ility company was organized | d under the laws of: | | | |
| 3. The Florida doct L0800001 | ument/registration number o | f this limited liability c | ompany is: | | |
| 4. I, GERALD | BODNAR SR. | , hereby resign as | _a MANAGER | | |
| of this limited lia resignation in wr | bility company and affirm th | e limited liability comp | | ed of 1 | my |
| Filing Fee: Certified Copy: | \$25.00 (Required) | · · | | 09 JUL 31 AH 8: 55 | SECRETARY STATES NOISIAID SECRETARY AND STATES OF STATES |