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COVER LETTER

_	stration Section sion of Corporations				
SUBJECT:	J2 CAR REPAIR, L.L.C.				
bebuile i.	(Name of Limited Liability Company)				
The enclosed	d member, resignation or diss	ociation and fee	(s) are submitted for filing.		
Please return	n all correspondence concerni	ng this matter to	:		
YULIANA BO	DLIVAR				
	(Contact Person)				
FY TAX AND	SERVICES, INC				
	(Firm/Company)		_		
1413 E VINE	sr				
	(Address)		_		
KISSIMMEE,	FL 34744			<u>1</u> 9	6.4 图象
	(City/State and Zip Code)		_	360 -	고 프로
For further i	nformation concerning this m	atter, please call	:	ယ် ကာ	
DORIS ESCU	DERO	407 at (3505959)	- জ জ	14.20 14.50 14.50
(4)	lame of Contact Person)	(Area Cod	e & Daytime Telephone Number)	- 3	
Enclosed ple	ease find a check made payab				S
■ \$25 Film	g Vee	□ \$55 Filir	ng Fee & Certified Copy		

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	s it appears on the records of the F	Florida Department
		ssigned to this limited liability co	empany is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	05/01/2019
HAME ECHN	EDO.	, hereby withdraw/resign as	
AMBR			
	(Print Title)		
of this limited lia resignation in wr		he limited liability company has b	een notified of my
	21		<u></u>
Signature of D	issociating Member or Resig	gning Manager	19 0EC -
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		- 3 - P
Certified Copy:	330,00 (Optionar)		