Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121

Phone

: (305)758-9001

Fax Number

: (305)758-0506

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DAKAR TEAM, LLC

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Corporate Filing Menu

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COVER LETTER

SUBJECT: Dakar Team, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Rey Perez (Contact Person) Dealer Consulting Services (Firm/Company) 7537 NW 7TH AVE (Address) MIAMI, FL 33150 (City/State and Zip Code) For further information concerning this matter, please call: REY PEREZ (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32314	TO: Registration Section Division of Corporations	
Please return all correspondence concerning this matter to: Rey Perez (Contact Person) Dealer Consulting Services (Firm/Company) 7537 NW 7TH AVE (Address) MIAMI, FL 33150 (City/State and Zip Code) For further information concerning this matter, please call: REY PEREZ (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Rey Perez at 305 (Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		Company)
Rey Perez (Contact Person) Dealer Consulting Services (Firm/Company) 7537 NW 7TH AVE (Address) MIAMI, FL 33150 (City/State and Zip Code) For further information concerning this matter, please call: REY PEREZ (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	The enclosed member, managing member or manager r filing.	esignation and fee(s) are submitted for
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CR2E079 (5/06)	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as AR TEAM, LLC	it appears on the records of the Florida Department
2. This limited liability FLORIDA	y company was organized	under the laws of:
3. The Florida docume L080000444	_	this limited liability company is:
4. i, Ana Saya		hereby resign as a MGR
•••••••		(Print Title) s limited liability company has been notified of my
Signature of Resign	ing Managing M	lember of Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (5/06)