(Requestor's Name)
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(Document Number)
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EXAMINER

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
<u>.</u>	Auto Group LLC mited Liability Company)
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Jasmin Figuera (Contact Person)	na
Trademark Auto Groce (Firm/Company)	TA
2899 Arbour Trail	O CO
Deltona Fl 32 (City/State and Zip Code)	725 RATE OO
For further information concerning this mat	tter, please call:
	at (407) lala 8 - 9624 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 of State is:	limited liability company as it Irademark	Auto Group	of the Florida Department
	ility company was organized u		2000 JUL 28 SECRETAR'S TALLAHASSIST
10800	ment/registration number of t		The o
4. I, <u>CHRS 70</u> (Print N	PHEK M DEFRONCO ame of Person Resigning)	, hereby resign as a _	TATURGES (Print Title)
of this limited lial resignation in wri	oility company and affirm the	limited liability compan	y has been notified of my
Signature of Resi	gning Member, Managing Me	mber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		