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(Re	equestor's Name)			
· (Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

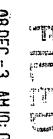
Office Use Only



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SECRETARY OF STATE



COVER LETTER

Registration Section Division of Corporations

TO:

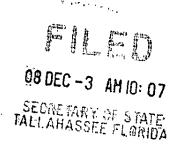
CR2E079 (5/06)

SUBJECT: THE ORLANDO	Scooter SHOP, LLC
	Limited Liability Company)
The enclosed member, managing membe filing.	er or manager resignation and fee(s) are submitted for
Please return all correspondence concern	ing this matter to:
Melinsa Acosta (Contact Person)	·
THE ORLANDO SCOOTER	Stol, UC
127 WEST FAIRbAN (Address)	uks Ave #111
WINTER PARKL, FL 32	2789
For further information concerning this n	
MELINDA ACOSTA	at (407.) 681.1888 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
•	ble to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is:	limited liability company as it. THE ONCANDO Se	appears on the records	of the Florida Department
	ility company was organized u	under the laws of:	
	ument/registration number of t	his limited liability com	pany is:
	lame of Person Resigning)	, hereby resign as a _	UG RM (Print Title)
of this limited lial resignation in wr	bility company and affirm the iting.	limited liability compan	y has been notified of my
Signature of Resi	igning Member, Managing Me	ember or Manager	
-	\$25.00 (Required) \$30.00 (Optional)		