

L08000060367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT 20 AM 11:39

T. HAMPTON  
OCT 21 2009  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tropix Auto Emporium, 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:

Jason Sobczak  
(Contact Person)

Tropix Auto Emporium, LLC  
(Firm/Company)

6947 Lacy Dr  
(Address)

Lakeland, FL 33813  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Sobczak at ( 863 ) 581-0739  
(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

☒ \$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



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 limited liability company as it appears on the records of the Florida Department of State is: Tropix Auto Emporium, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L08000060367

4. I, Ira J Rochette, hereby resign as a Managing Member  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS



**Tropix Auto Emporium, LLC**  
**6947 Lacy Dr.**  
**Lakeland, FL 33813**

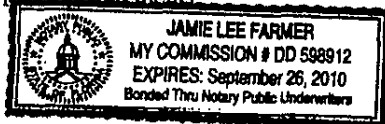
Effective with receipt of this notice, I, Ira J. Rochette, hereby irrevocably relinquish all of my rights and ownership in Tropix Auto Emporium, LLC. Complete ownership of Tropix Auto Emporium, LLC now belongs to Jason J. Sobczak.

Ira J. Rochette

10-15-2009  
Date

STATE OF FLORIDA  
COUNTY OF Polk

Sworn to (or affirmed) and subscribed before me this 15 day of Oct, 2008 by (name of person making statement)



Personally Known ☒ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

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