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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

N. Outroom AUG 1 6 2013

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Tech Trans Trans (Name of Li	ISMISSION Repair & Diagnostic 2CC imited Liability Company)
The er filing.	nclosed member, managing member of	or manager resignation and fee(s) are submitted for
Please	return all correspondence concerning	g this matter to:
	icardo Espina (Contact Person)	<u>c </u>
Tech.	Transmission Ref	Pair & Diagnostic LCC.
460	OO NW 32 AVE.	
M	$\frac{f(3314)}{\text{(City/State and Zip Code)}}$	2
For fu	rther information concerning this ma	tter, please call:
Ric	(Name of Contact Person)	at (786) 326-5465 (Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: **S55 Filing Fee & Certified Copy**
Regist Divisi Clifto	CET/COURIER ADDRESS: tration Section on of Corporations n Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661	Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

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 l	imited liability company as it a	ppears on the records	of the Florida D	epartme	nt	
of State is: Tec	h Trans Transh	nission Re	pair & Di	agnos	Tic	
Floria	lity company was organized und	•		SECRETARY TALLAHASSE	2013 AUG 15	FILED
_	ment/registration number of this O 83 4 28	s limited liability com .	npany is:	OF ST	7	Ö
4. I, Ricardo (Print Na	ESPina] ume of Person Resigning)	_, hereby resign as a	Manag (Print Title	FLORIDA	12: 02	
of this limited liab resignation in writ	ility company and affirm the lin	nited liability compar	ny has been notif	ied of m	у	
RAS						
Signature of Resig	gning Member, Managing Mem	ber or Manager				
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)					