## L08000094494

(0-		
(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	<del></del>
		•
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only



400140339774

01/14/09--01015--012 \*\*25.00

2009 JAN IL AN II: 03
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

JAN 15 2009

EXAMILLA

## **COVER LETTER**

Po: Registration Section Division of Corporations	
SUBJECT: DRIVEWAY SPONT. (Name of Limited Liability)	ty Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	er to:
DON DMNO (Contact Person)  RIGHTY STORTS (Firm/Company)	
DRUMAY STORTS	
(Firm/Company)	701 7A
6180 NW 60th Aur	
(Address) Panillang/2 33067	2009 JAN 14 AM 11: 03 SECRETARY OF STATE TALLAHASSEE, FLORID
(City/State and Zip Code)	- LOR
For further information concerning this matter, please	call:
(Name of Contact Person) at (5.	54) 341-8558
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee	rida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

			pears on the records of	of the Florida	Departme	ent
of State is:	DRIVEWAY !	SPONTS L	Le	<u>.</u>		<b>•</b>
2. This limited liab	lity company was o	organized und	er the laws of:	TALLAHASSEL	SECRETARY S	
	ment/registration n		limited liability comp	pany is:	MII: 03	į
4. I, DEREC	DDMIND ame of Person Resignii	ng)	, hereby resign as a _	MANAG (Print Ti	itle)	<del></del>
of this limited liab resignation in wri	• • •		nited liability company			ny
Dan	K The	$\supset$				
Signaturé of Resi	gning Member, Ma	naging Memb	er or Manager			
Filing Fee: Certified Copy:	\$25.00 (Require \$30.00 (Options	•				