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•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/Zip/Pilone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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2009 DEC 23 AM II: 59
SECRETARY OF STATE
ASSEE, FLORID.

M. THOMAS

DEC 24 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: NORTH AMERICA AUT (Name of Limite	O SALES LLC d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
SAMER BAJJALI	LAN DE
(Contact Person)	2000 DEC 23 AM 11:59 TALLAHASSEE, FLORIDA
N/A	EE OF A
(Firm/Company)	FLOR
1262 PINE SONG DRIVE	
(Address)	
DELTONA, FL 32725	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
SAMER BAJJALI	at (386) 801-4768
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\sqrt{25}\$ Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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 loof State is: NOF	imited liability company as RTH AMERICA AUT	s it appears on the records of the COSALES LLC.	ne Florida Department		
2. This limited liabil	lity company was organized	d under the laws of:			
3. The Florida docu <u>L08000097</u>	<u> </u>	f this limited liability company	y is:		
4. I, SAMER BAJJALI (Print Name of Person Resigning) of this limited liability company and affirm the limited		, hereby resign as a MC	(Print Title)		
resignation in writ					
Signature of Resig	gning Member, Managing M	Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PILE 2009 DEC 23 AF SECRETARY OF TALLAHASSEE, F		

CR2E079 (5/06)