# L09000000000000

(F	Requestor's Name)					
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL .				
(E	Business Entity Nar	ne)				
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions t	to Filing Officer:					
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SECRETARY OF STATE
SIVISION OF CORPORATIONS

#### **COVER LETTER**

TO:

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Auto	Shop Confirm. Com, LLC ame of Limited Liability Company)
The enclosed member, managing mailing.	nember or manager resignation and fee(s) are submitted for
Please return all correspondence co	oncerning this matter to:
David Gray (Contact Person)	
AutoShop Confi (Firm/Company)	im com
7040 W Palme	Ho Park RJ #4-815
Boca Raton, Fl.	33433 Code)
For further information concerning	this matter, please call:
(Name of Contact Rerson)	at (S61) 866-1749 (Area Code & Daytime Telephone Number)
	payable to the Florida Department of State for:  \$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**

October 4, 2010

**DAVID GRAY** AUTOSHOPCONFIRM.COM 7040 W. PALMETTO PARK RD. #4-815 BOCA RATON, FL 33433

SUBJECT: AUTOSHOPCONFIRM.COM, LLC

Ref. Number: L09000000266

We have received your document for AUTOSHOPCONFIRM.COM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation documentmust be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock Senior Section Administrator

Letter Number: 910A00023469

If you gave any quadens echandled an thing of your decument please cell

Her was taking your court in a chine manage of all this set into 20 days or your facility will be considered abandowed.



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		as it appears on the records		epartment
_	lity company was organiz			OLYTSION OF CORF
	ment/registration number ダのめのえも6	of this limited liability com	pany is:	OF STATE OR STATE OF
4. I, Les (Print No.	A   + nme of Person Resigning)	, hereby resign as a _	MGRM (Print Title)	
resignation in wri	ting	the limited liability company	y has been notifi	ed of my
Signature of Resig	gning Member, Managing	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	This is -	the sign	stire
CR2E079 (5/06)			estors, 01-715-2 (es A A (has A1+	please 996