09000012888

(Requestor's Name)
(Address)
•
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

J. BRYAN

AUG 17 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CRASH MASTERS AUTOBODY (Name of Limited Liability Core)	
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
JEANNETTE BARONE	
(Contact Person)	-
CONFIDENTIAL ACCOUNTING, INC.	SECT TALL
(Firm/Company)	AFF US T
P O BOX 3276	AUG 16 PH 2: 43 LAHASSEE, FLORIDA
(Address)	FEL
APOLLO BEACH, FL 33572	Ale Jane
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
	431-5349
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
	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 limited liability company as it ap of State is: CRASH MASTERS AUTOB		ent _·
2. This limited liability company was organized und FLORIDA	ler the laws of:	是是
3. The Florida document/registration number of this L09000012888	limited liability company is:	5 PH 2: FS
4. I, GREGORY P PANTIS (Print Name of Person Resigning)	, hereby resign as a MGR (Print Title)	-
of this limited liability company and affirm the limited resignation in writing.	· · · ·	ıy
Signature of Resigning Member, Managing Memb	per or Manager	

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