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(Requestor's Name) (Address) (Address)	300152244363
(City/State/Zip/Phone #)	Ω4/29/09_−01000_−014 www.co.oc
Certified Copies Certificates of Status	04/29/0901009014 **50.00 O9 APR 29 AH 10: 35 TALLAHASSEE. FLORID
Office Use Only <b>G. MCLEOD</b> APR 2 9 2009 <b>EXAMINER</b>	D DIVISION THENT OF STATE 2009 APR 29 AH 10 19 FLORIDA SUFFICIENCY OF FILMG

## **COVER LETTER**

**Registration Section** TO: **Division of Corporations** uction of Orlando, LLC (Name of Limited Liability Company) Huction Ropling SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thorsten Pfeffer (Name of Person) Beeline Auction of Orlands, LCC (Firm/Company) 09 APR 29 AN 10: 1150 Jetport Dr. (Address) Orlando, FL. 32809 (City/State and Zip Code)

For further information concerning this matter, please call:

at (<u>**X60**</u>) <u>**960** - 106</u> (Area Code & Daytime Telephone Number) ter ) ረግ ድ ኘ (Name of Person)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

**\$30.00** Filing Fee & Certificate of Status

□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section **Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301



## 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 appears on the records of the Florida Department of State is: Beeline Auction of Orlando, LC
- 2. This limited liability company was organized under the laws of:

Florida

3. The Florida document/registration number of this limited liability company is:

L09000029262

in Schneider, hereby resign as a monoping member (Print Name of Person Resigning) (Print Title) Kevin 4.1

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

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

09 APR 29 AM 10: 35

CR2E079 (5/06)