L09000034736

(Re	questor's Name)	
(Ad	dress)	
hAì	dress)	
(* 1.5	,	
(5)		
(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
·	•	ŕ
(Do	cument Number)	
(50	oument Numbery	
	.	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•	-	

Office Use Only



900163847049

02/02/10--01024--019 **25.00

FILED

10 FEB -2 PM 1: 37

SECRETARY OF STATE
FALLAHASSEE, FLORID.

J. BRYAN

FEB - 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Temple Auto Sales LLC (Name of Limite	d Liability Company)
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Derek Breen	ral SE
(Contact Person)	LARE
A H Gantt CPA & Associates PA	EB-2 RETAR) AHASSI
(Firm/Company)	
3359 W Vine St # 104	PH 1: 3
(Address)	
Kissimmee FL 34741	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Derek Breen	_{t (} 407 ₎ 931-2344 ext 103
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to temperature of \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as ole Auto Sales LLC	it appears on the record	s of the Flori	da Depa	rtmen	t
2. This limited liability company was organized und State of Florida		under the laws of:	er the laws of:		10 FEB -2	-
3. The Florida docum L09000347	ent/registration number of	this limited liability cor	npany is:	OF STATE	PH 1: 37	1
4. I, Ibrahim NAF	EES	, hereby resign as a	MANAG	ER		
·	e of Person Resigning)	,,	(Print	Title)		
of this limited liabil resignation in writin	ity company and affirm the	e limited liability compa	ny has been i	notified	of my	
Signature of Resign	ing Member, Managing M	ember or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					