

U09 000038444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

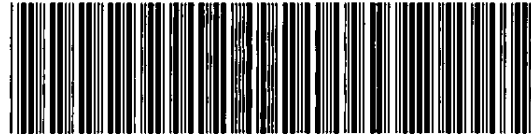
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000186390620

10/08/10--01005--002 **25.00

FILED
2010 OCT -8 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT 11 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACTION AMERICA INSURANCE LLC DBA ADVANCE AUTO GROUP
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ADRIANO SARA

(Contact Person)

ACTION AMERICA INSURANCE LLC

(Firm/Company)

300 SW 12 AVE

(Address)

BAY 6

POMPANO BEACH, FL 33069

(City/State and Zip Code)

For further information concerning this matter, please call:

ADRIANO SARA

(Name of Contact Person)

at (754)

3675735

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:



\$25 Filing Fee



\$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

FILED
2010 OCT -8 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

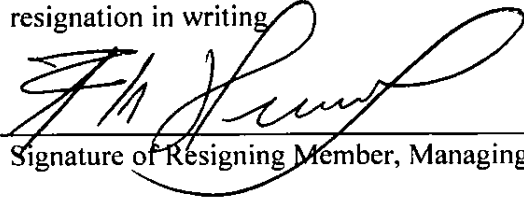
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ACTION AMERICA INSURANCE LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L 090000 38444

4. I, FLOR MUELLE, hereby resign as a MANAGER
(Print Name of Person Resigning) (Print Title)

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

FILED
2010 OCT -8 AM 11:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

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