## 109000051172

(Requestor's Name)	
(Address)	
. (Address)	<u> </u>
(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT	MAIL
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(Document Number)	
Certified Copies Certificates of	Status
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10 FEB 17 AMII: LL SECRETARY OF STATE

J. BRYAN

FEB 1 8 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	
SUBJECT: TD Autowerkes 2	
(Name of Lim	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Damian Borroto	
(Contact Person)	
	LARE TEL
(Firm/Company)	FEB 17 AM 11: 44  CRETARY OF STATE LAHASSEE, FLORID
13701 SW 114 place	my a I
(Address)	FLORA II.
Miami, FL 33176	OF F
(City/State and Zip Code)	<del></del>
For further information concerning this matte	er, please call:
Damian Borroto	at ( 786 ) 293-8876
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t  \$25 Filing Fee	to the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
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

	limited liability company as it ap	opears on the records	s of the Florid	da Depart	ment
2. This limited liabi	lity company was organized und	er the laws of:		SECRETARY C	in EFR 17 A
3. The Florida docu <u>L0900051</u>	ment/registration number of this	limited liability con	npany is:	FLORIDA	44:11 MA
4. I, Damian Bo	orroto	, hereby resign as a	Manager	•	
,	ame of Person Resigning)	,,	(Print	Title)	
resignation in wri	oility company and affirm the limiting.	· ·	ny has been r	notified o	f my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				