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SECRETARY OF STATE
ALLAHASSEF, FI DOIN

COVER LETTER

Registration Section TO: **Division of Corporations** SUBJECT: SEMINOLE WIND EXPRESS AUTO TRANSPORT LLC (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: SANDRA K ROUGHTON (Contact Person) SEMINOLE WIND EXPRESS AUTO EXPRESS LLC (Firm/Company) **470 LYTTON CIRCLE** (Address) ORLANDO, FL 32824 (City/State and Zip Code) For further information concerning this matter, please call: at (407) 925-3198 (Area Code & Daytime Telephone Number) SANDRA K ROUGHTON (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **√** \$25 Filing Fee \$55 Filing Fee & **Certified Copy MAILING ADDRESS:** STREET/COURIER ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (5/06)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 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 of State is: SE	limited liability company as MINOLE WIND EXPF	it appears on the records of the RESS AUTO TRANSPO	Florida Department
2. This limited liab ORANGE (ility company was organized	l under the laws of:	
3. The Florida docu L09000091	-	this limited liability company is	::
4. I, PAUL RO	ZZO ame of Person Resigning)	, hereby resign as a MEM	BER/ MANAGER
,	oility company and affirm the	e limited liability company has b	
Pa	1 a. Ra		
Filing Fee:	gning Member, Managing M \$25.00 (Required) \$30.00 (Optional)	lember or Manager	FILED 11 MAR 24 PM 12: 1 SECRETARY OF STAI TALLAHASSEE. FLORE