09000105024

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashioso Zitaly Tianno)
(Document Number)
(Document Number)
Codification of Charles
Certified Copies Certificates of Status

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Walky.

28/24/11--01027--009 **25.00

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J. BRYAN

AUG 25 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Carriage house ado (Name of Limited Liability Con	Sales, LLC
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Louis Morici	
(Contact Person)	-
2 Fellus auto exchange (Firm/Company)	SECT A
927 N.Andieus Ave.	UG 24 RETARY AHASSE
(Address) Ft. Laderdal, Fl 33811 (City/State and Zip Code)	A AUG 24 AM II: 34 ECRETARY OF STATE LLAHASSEE, FLORID
For further information concerning this matter, please call:	
(Name of Contact Person) at (S61) (Area Code	2) N16-6463 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida E	Department of State for: S55 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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it	• •		nent
of State is:	jarriage house o	xuto Sales, 1	LLC	<u>_</u> .
2. This limited liabili	ity company was organized u	nder the laws of:		
3. The Florida docum	nent/registration number of th	uis limited liability c	ompany is:	
4. I, (Print Nan	S Morici me of Person Resigning)	, hereby resign as	s a Munnying Member (Print Title)	<u>er</u>
of this limited liabi resignation in writi	lity company and affirm the ling.	imited liability com	pany has been notified of	my
Signature of Resig	ning Member, Managing Mer	nber or Manager	SECRETAR)	<u> </u>
Filing Fee:	\$25.00 (Required)		24 \\RY \S\$E	<u> </u>
Certified Copy:	\$30.00 (Optional)		AMII: COF STA	E D