## LMODOIOSTID

(F	Requestor's Name)
(/	Address)
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<b>-</b> (0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
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**EXAMINER** 

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ASAR Petrolewin (Name of Limited Liabi	
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
LAURA OROPEZA (Contact Person)	
PASAR Petroleum LLC (Firm/Company)	<del></del>
4561 Colowial BIVD (Address)	<del></del>
(Address)	
Ft Myels FL 33966 (City/State and Zip Code)	<del></del>
For further information concerning this matter, pleas	e call:
	39 275-0027
(Name of Contact Person) (Are Enclosed please find a check made payable to the Fle  \$25 Filing Fee	orida Department of State for: \$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

CR2E079 (5/06)



## 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:	limited liability company as ASAP Detrolewm	it appears on the records	of the Florida Department
2. This limited liab	ility company was organized	l under the laws of:	
	ument/registration number of 5927	f this limited liability com	pany is:
4. I, Soto PASS PASS (Print Name of Person Resigning)		, hereby resign as a _	President (Print Title)
of this limited lial resignation in wr	oility company and affirm the iting.	e limited liability compan	y has been notified of my
Signature of Resi	gning Member, Managing M	fember or Manager	
	\$25.00 (Required) \$30.00 (Optional)		TO NO

CR2E079 (5/06)