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### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: West Boca Auto Body & Painting, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Adam J. Steinberg, Esq.

(Contact Person)

Adam J. Steinberg, P.A.

(Firm/Company)

200 South Andrews Avenue, Suite 903

(Address)

Fort Lauderdale, Florida 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Robyn DiTocco

.,954 、

548-3357

(Name of Contact Person)

(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

CR2E079 (12/13)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it st Boca Auto Body & Pa		ls of the Florida Department
2. The Florida docu L090001112	ument/registration number of t 261	his limited liability co	mpany is:
3. The date this me	mber withdrew or will withdr	aw is:	
<sub>4. I,</sub> Sharon Schwartz		hereby region as s	, Member/Manager
(Print Name of Person Resigning)		, hereby resign as a	A Member/Manager (Print Title)
of this limited lial resignation in wri	bility company and affirm the iting.	limited liability compa	any has been notified of my
Signature of De	Signing or Dissociating Mana	oger Member	
Signature of Ne	signing of Dissociating Mana	iger, interriber	
iling Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		<b>7</b> 5. 1

