# L09000117794

| ,                                       |                 |          |  |  |
|-----------------------------------------|-----------------|----------|--|--|
| (Reque                                  | stor's Name)    |          |  |  |
| (Addres                                 | s)              |          |  |  |
| (Addres                                 | ss)             |          |  |  |
| (City/St                                | ate/Zip/Phone # | <u>.</u> |  |  |
| PICK-UP                                 | WAIT            | MAIL .   |  |  |
| (Busine                                 | ss Entity Name  | )        |  |  |
| (Docum                                  | ent Number)     |          |  |  |
| Certified Copies                        | Certificates o  | f Status |  |  |
| Special Instructions to Filing Officer: |                 |          |  |  |
|                                         |                 |          |  |  |
|                                         |                 |          |  |  |
|                                         |                 |          |  |  |
|                                         |                 |          |  |  |

Office Use Only



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SHORETARY OF STATE

OCT 72000 EXAMINER

#### COVER LETTER

TO:

CR2E079 (5/06)

| TO: Registration Section Division of Corporations                                                                   |                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| SUBJECT: J'5 Auto Sales & (Name of Limite                                                                           | Parts IIC<br>d Liability Company)                                                                       |
| The enclosed member, managing member or n filing.                                                                   | nanager resignation and fee(s) are submitted for                                                        |
| Please return all correspondence concerning th                                                                      | is matter to:                                                                                           |
| Crystal Daven port-Harris (Contact Person)                                                                          |                                                                                                         |
| (Firm/Company)                                                                                                      |                                                                                                         |
| P. O. Box 366 (Address)                                                                                             |                                                                                                         |
| (Address)                                                                                                           |                                                                                                         |
| Windermere, FL 34786 (City/State and Zip Code)                                                                      |                                                                                                         |
| For further information concerning this matter,                                                                     | please call:                                                                                            |
| Crystal Davenport - Harris & (Name of Contact Person)                                                               | (Area Code & Daytime Telephone Number)                                                                  |
| Enclosed please find a check made payable to \$25 Filing Fee                                                        | the Florida Department of State for:  \$55 Filing Fee & Certified Copy                                  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301                                                                                          |                                                                                                         |



## FILED

2010 OCT -6 PM # 17

SECRETARY OF STATE TABBAHASSEE FLORIDA

### 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 lin         | nited liability company as i             | t appears on th  | ne records | of the Florida De         | partment      |
|---------------------|-----------------------------|------------------------------------------|------------------|------------|---------------------------|---------------|
|                     | of State is: $\frac{J's}{}$ | Auto Sales &                             | & Parts          | LLC        |                           | <del></del> · |
| 2.                  | This limited liabili        | ty company was organized                 | under the laws   | s of:      |                           |               |
| 3.                  | The Florida docum           | nent/registration number of              | this limited lia | bility con | npany is:                 |               |
| 4.                  | I, Crystal Print Nam        | Davenport-Harris                         | 5, hereby re     | esign as a | Managing<br>(Print Title) | Member-       |
| Carried Contraction |                             | ity company and affirm the               |                  |            |                           |               |
| <i>;</i>            | austal of                   | averport Hains                           |                  |            |                           |               |
| \$                  | Signature of Resign         | ing Member, Managing Me                  | ember or Man     | ager       |                           |               |
|                     | ling Fee;<br>ertified Copy; | \$25.00 (Required)<br>\$30.00 (Optional) |                  |            |                           |               |