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SECHELARY OF STATE PLORIDA

S. HAWKES

APR 2 7 2010

EXAMINER

COVER LETTER

| TO: Registration Division of | n Section Corporations | |
|--|--|---|
| SUBJECT: Con | nplete Vehicle De | etailing LLC ted Liability Company) |
| The enclosed memi- filing. | ber, managing member or | manager resignation and fee(s) are submitted for |
| Please return all co | rrespondence concerning t | this matter to: |
| _Amy Harts | (Contact Person) | |
| Complete 1 | lehicle Detailiv | ng LLC |
| 5254 Jou | anna Place (Address) | |
| Pace, Flor | ida 3257 (City/State and Zip Code) | 1 |
| For further informa | tion concerning this matte | r, please call: |
| Amy Hart (Name of | Sfield Contact Person) | at (850) 995-0770 (Area Code & Daytime Telephone Number) |
| | d a check made payable to 25 Filing Fee | the Florida Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida | n ations nter Circle | 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

| | | pears on the records of the Florida Departr | nent |
|---|------------------------------------|---|-----------|
| of State is: <u>Comp</u> | lete Vehicle 1 | Detailing LC | • |
| 2. This limited liability of Hovida | ompany was organized und | er the laws of: | |
| 3. The Florida document | | limited liability company is: | |
| 4. I, AWY G. H.(Print Name of | artsfield Person Resigning) | , hereby resign as a <u>Managina Men</u> (Print Pille) | aber |
| of this limited liability resignation in writing. | company and affirm the lim | nited liability company has been notified of | my |
| Signature of Resigning | UTS JULE Member, Managing Memb | H/23/10 per or Manager | |
| | 5.00 (Required) 0.00 (Optional) | | |

CR2E079 (5/06)