## L10000003115

(Requestor's Name)					
(Address)					
(Address)					
(Addiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entry Name)					
(Document Number)					
Certified Copies Certificates of Status					
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B. KOHR

MAR - 9 2011

**EXAMINER** 

11 MAR -7 AM 9: 43

SECRETARY OF STATE CORPORALIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Beachside Auto and Truck Repair (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.	for
Please return all correspondence concerning this matter to:	
Glenn R. Eichmann (Contact Person)	
(Contact Person)	
(Firm/Company)	
Pro. B ox 23867/ (Address)	
POST Orange 166 32/23-6671 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (3fC) 492-2896  (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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	e limited liability company as it	appears on the records	of the Florida Department
	Beachside Auto		
2. This limited liab	pility company was organized u	nder the laws of:	
Florida	- Any + Adde Lowful.	Business	
		<del>_</del>	
0 001 101 11 1			,
3. The Florida doci	ument/registration number of th	is limited liability com	ipany is:
L10000	0003115	·	
•			
4.1. Glenn	R. E. Luann Name of Person Resigning)	, hereby resign as a	MGLM
(Print N	Vame of Person Resigning)		(Print Title)
of this limited lial	bility company and affirm the li	imited liability compar	y has been notified of my
resignation in wr	iting )		
// //			
Signature of Pagi	igning Mambar Managing Man	nhar ar Managar	
Signature of Resi	igning Member, Managing Men	nder or wianager	
Filing Fee:	\$25.00 (Required)		
Certified Copy	\$30.00 (Optional)		