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((Requestor's Name)	
((Address)	· · · · · · · · · · · · · · · · · · ·
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. ((City/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
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Special Instructions	to Filing Officer:	
	A. LUNT	•
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PACKAGE OF SINE

COVER LETTER

Division of Corporations		
SUBJECT: 1 4 5 TOW. (Name of Limited L.	ng Services, LC jability Company)	
The enclosed member, managing member or manifiling.	ager resignation and fee(s) are submitted for	
Please return all correspondence concerning this r	matter to:	
Jeffery Paul (Contact Person)		
Ta J Towing Service (Firm/Company)	<u>ces,llc</u> 第是	
1478 At Las St (Address)	33952	
Poilt Charlotte FL (City/State and Zip Code)	33952	
For further information concerning this matter, please call:		
Name of Contact Person) at (941 (25-14/08) Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & 500. 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)







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

	ne limited liability company as it appears on the records of the Florida Department
of State is:	TH 3 Towing Services, LC.
2. This limited lia	ability company was organized under the laws of:
Flor	ida
	•
3. The Florida do	cument/registration number of this limited liability company is:
	000015720
4. I, <u>Timo</u> (Print	thy J. The Sier, hereby resign as a MAN aging Member Name of Person Resigning) (Print Title)
	iability company and affirm the limited liability company has been notified of my
resignation in v	vriting.
	8 Tolin
Signature of Re	esigning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)