1/0000033079

(Paguactor's Nama)
(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Chariel Instructions to Filing Officer

Special instructions to Filing Officer:

A. LUNT

JUL -1 2010

EXAMINE?

Office Use Only



200182627492

06/30/10--01005--006 **25.00

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: SUNSHINE AUTO SPA LLC (Name of Limited Liability Company)					
(Name of Limited Liability Company)					
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
MONCEF BENNAJI					
(Contact Person)					
SUNSHINE AUTO SPA LLC (Firm/Company) 117- (DESENT ST					
MIT CRESENT ST.					
SARASOTA, FL 34242					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
MONCEF BENNAST at (941) 284 - 6290 (Area Code & Daytime Telephone Number)					
Enclosed please fired 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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327					

Tallahassee, Florida 32314

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (5/06)



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 of State is:	limited liability company as it a	ppears on the records of SPA LLC	of the Florida I	Department
2. This limited liab	oility company was organized und		INLL AHASSEE.	20 H JUN 30 /
3. The Florida doc	ument/registration number of this	s limited liability comp 	oany is:	AK 10: 29
4. I, SEDDI	0000033079 K BELMAMOUN Jame of Person Resigning)	_, hereby resign as a	MEME (Prini Titl	SER Je)
of this limited lia resignation in wr	bility company and affirm the liniting.	nited liability company	has been noti	fied of my
Signature of Res	igning Member, Managing Mem	ber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			