11000040824

(Requestor's Name)					
- Michael DANTOONS / - 6020 DOGWOOD WM - NAPLES FL 341/6					
(City/State/Zip/110000)					
(Oity/Otale/21p/ Hollo)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to Filing Officer.					

Office Use Only



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June 6, 2013

MICHAEL D'ANTUONO 6020 DOGWOOD WAY NAPLES, FL 34116

SUBJECT: LAS AUTO GROUP, LLC

Ref. Number: L10000040824

We have received your document for LAS AUTO GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 313A00014225

OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LAS AUTO GROUP LL((Name of Limited Liability Company)	_		
The enclosed member, managing member or manager resignation and fee(s) are submitte filing.	d for		
Please return all correspondence concerning this matter to:			
Scott D'ANTJOHO (Contact Person)			
BOND RESTAURANT (Firm/Company)	رد 1944	2012	
GODO DOGWOOD WAY		61 TNF 8	GENERAL STREET
NAPLES FC 34116 (City/State and Zip Code)	Y OF STATE) PM 3: 44	T
For further information concerning this matter, please call:	7	-	
Scott DAMTVONO at (235) 821 - 0640 (Name of Contact Person) (Area Code & Daytime Telephone Number)	_		
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\\$55\$ Filing Fee & 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)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it a		of the Florida Dep	artment
2. This limited liabili	ty company was organized un			
	nent/registration number of th	is limited liability com	npany is:	
	SCOTI D'ANTIUMO se of Person Resigning)	 , hereby resign as a	MANAGEING	PARTNER
	ity company and affirm the li			
/h				28
Signature of Resign	ing Member, Managing Men	ber or Manager	in i	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		EE FLORIO	PH 3: 41