(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Goinesulle (Name of Lin	AUTO mited Liability Com	SALA68	240
The enclosed member, managing member of filing.	or manager resign	nation and fee(s) are sub	mitted for
Please return all correspondence concerning	g this matter to:		
Robert Garret (Contact Person)	+		Acr 1
Coarnesulk Auto (Firm/Company)	SALLA		URE LARY LAHASSE
PO Box 11	5		OF STATE
MICANOPY FL (City/State and Zip Code)	3266	フ	
For further information concerning this mat	tter, please call:		
Robert Garreft (Name of Contact Person)	at (352 (Area Code o) 332 - 388 & Daytime Telephone Nu	mber)
Enclosed please find a check made payable \$25 Filing Fee		epartment of State for: 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 Corporation P.O. Box 6327 Tallahassee, Florida 323	s

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:	Jamesuille Auto Salvabe LES	enclosed.
2. This limited liab	oility company was organized under the laws of: OKIDA ARE ARY OF STATE ORIDA	
	ument/registration number of this limited liability company is:	
4. I, <u>Pober</u>	T GATEHT, hereby resign as a MANAGING MEMB Name of Person Resigning) (Print Title)	
	bility company and affirm the limited liability company has been notified of my	
Rose	et Consert	
Signature of Resi	igning Member, Managing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	