## L10000057383

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SECRETARY OF STATE
FAILAHASSEE, FLORIDA

14. Confession AUG - 3 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: REB Auto Par (Name of Limited L	
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Rhonda Williams (Contact Person)	
REB Auto Pawn LLC (Firm/Company)	
14875 NE 215 Cone (Address)	
Fort Mc Coy FC 32134 (City/State and Zip Code)	
For further information concerning this matter, pl	lease call:
Rhonda Williams at (Name of Contact Person)	352 ) 433 - 3300 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section
Registration Section Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FILED 10 AUG -2 AM 10: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## 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 State	_	mited liabil	-	` ^ `		•		records	of the	Florida	a Dep	artment
2. This limi				_			laws c	of:				
N/C	Tien	-count	g F G	ocia	(a							
3. The Flori		-		mber o	fthis	limite	d liab	ility com	pany is	s:		
	20000	357383	3	<del></del>		. <b>•</b>						
4. I, Canthia Willams (Print Name of Person Resigning)					, hereł	by res	ign as a		ing mb. (Print T		<del>-</del>	
of this lim resignatio		ity compan ng.	y and a	ffirm tl	ne lim	ited lia	ability	compan	y has t	een no	otified	d of my
		•			7:	•	}	****	٠	:	•.	
Little .			7						٠;٠			:-"
Signature	of Resign	ning Membe	er, Man	aging l	Memb	er or i	Manag	ger				-

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: