

210000058979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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A. LUNT

SEP -1 2010

EXAMINER

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08/30/10--01061--015 **25.00

CLERK OF COURT
TALLAHASSEE, FLORIDA

2010 AUG 30 PM 2:22

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECONOTIRES & SHOP LLC
(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:

ROQUE ALTAMIRANDA

(Contact Person)

ECONOTIRES & SHOP LLC

(Firm/Company)

1410 E. VINE STREET

(Address)

KISSIMMEE, FLORIDA 34744

(City/State and Zip Code)

FILED
2010 AUG 30 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ROQUE ALTAMIRANDA at (321) 746-3787
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find 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
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

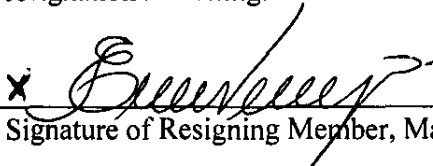
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ECONOTIRES & SHOP LLC

2. This limited liability company was organized under the laws of:
STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:
L10000058979

4. I, ELISA NARANJO, hereby resign as a MGR
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

x 

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)