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COVER LETTER

TO: Registration Section Division of Corporations	14 JUL 1
SUBJECT: TRANSMISSION SPECIALISTS LLC (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	9 33 33
Mira Hadar (Contact Person)	
Trans specialists 4680 Ashton Rd, Barasot	aF/34233
23 Shipyard Dr. (Address)	
Hingham, NA 02043 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Mira Hadar = 617,642 552	<u>O</u>

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State 107.

\$\Bigsir \\$25 \text{ 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 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

(Pursuant to 605.0216, Florida Statutes)

i. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	RANSMISSION SPECIALISTS LLC
2. The Florida doct	ument/registration number assigned to this limited liability company is:
34263	380 #BUSINESS Partner
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: <u>Jani 2</u> 014
4. I, MIRA	
Secr	etass. (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
m	Show
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
Certified Copy.	450.00 (Optional)