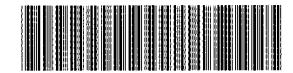
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:	Registration Section Division of Corporations	
	Division of Corporations	
SUBJ	ECT: IM AUTO SALES LI	LC
	(Name of	Limited Liability Company)
The enfiling.		er or manager resignation and fee(s) are submitted for
Please	e return all correspondence concerr	ning this matter to:
SHY	'AM KOTWAL	
	(Contact Person)	
SH	YAM KOTWAL, CPA, PA	
	(Firm/Company)	
1357	74 VILLAGE PARK DR, S	TE 255
	(Address)	
ORL	ANDO, FL. 32837	
	(City/State and Zip Code)	
For fu	rther information concerning this r	matter, please call:
SHY	'AM KOTWAL	at (407) 888-4720
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payal \$25 Filing Fee	ble to the Florida Department of State for: \$55 Filing Fee & Certified Copy
	ET/COURIER ADDRESS:	MAILING ADDRESS:
	ration Section on of Corporations	Registration Section Division of Corporations
Cliftor	n Building	P.O. Box 6327
	Executive Center Circle	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

 The name of the limited liability company as it appears on the records of the Florida I of State is: <u>IM AUTO SALES LLC</u> 	Departmen
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:	77) 277 170
L10000081051	,; ;; 6, ,)
4. I, IMRAN QURESHI , hereby resign as a MGRM	
(Print Name of Person Resigning) / (Print 14)	
of this limited liability company and affirm the limited liability company has been not resignation in writing.	ified of my
Signature of Resigning/Member, Managing Member or Manager	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: