

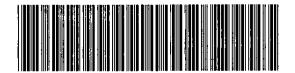
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

Office Use Only

G. MCLEOD

JAN 31 2011

**EXAMINER** 



300192266923

01/28/11--01019--001 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CARSPOT, LLC	
(Name of Limit	ed Liability Company)
The enclosed member, managing member or ifiling.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
David J. Hart, Esq.	
(Contact Person)	
David J. Hart, PA	
(Firm/Company)	
21 SE 1st Avenue, 10th Floor	·
(Address)	
Miami, FL 33131	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
David J. Hart, Esq.	at (305) <u>577-9977</u>
(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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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

	limited liability company a	as it appears on the records	of the Florida Department
	ility company was organize E OF FLORIDA	ed under the laws of:	
3. The Florida doc L11000000	•	of this limited liability com	pany is:
·	MO RAMIREZ	, hereby resign as a _	MANAGER
of this limited lia resignation in wr		the limited liability compan	(Print Title) y has been notified of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		11 JAN 28