11000011927

(Requestor	s Name)	
(Address)		
(Address)		
(City/State/2	Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Co	ertificates of Status	

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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SECRETARY OF STATE
TALL AHASSEF, FLORID.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Suncoost Auto Center	d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	is matter to:
Erika Almanzar (Contact Person)	
SUNCOCIST Auto Center LLC (Firm/Company)	
3164 Palm Beach Rlud (Address)	
Fort Myers FL 33916 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Erika Almunzar a (Alame of Contact Person)	t (239) 689-8425 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Section of Section 1997 Section 25 Enclosed Payable to the Section 1997 Section 25 Enclosed Payable to the Section 1997 Section 25 Enclosed Payable to the Section 25 Enclosed Payable 1997 Section 2	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	• •	y as it appears on the records of	of the Florida Department
of State is:	uncoast Auto	Center LLC	
	0		
2. This limited liab	ility company was organ	ized under the laws of:	
Lee county; c	lorida.	*	
3. The Florida doci	ıment/registration numbe	er of this limited liability comp	oany is:
L1100001	1927		
			3 A
4. I, Lesley A	Igne of Person Resigning)	, hereby resign as a _	Print Title)
	bility company and affire	n the limited liability company	
Lesley alm	gy		
Signature of Resi	gning Member, Managir	ng Member or Manager	
Filing Fee:	\$25.00 (Required)		Ħ
	\$30.00 (Optional)		AE AE

CR2E079 (5/06)

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SECRETARY OF STATE