## L11000014004

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

D. BRUCE
NOV 0 9 2011
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: GIANNA PEALT (Name of Limited Liability Co	Y, LLC, ompany)
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
TERN ADDEO (Contact Person)	
Performance Collision	TALLAHA
(Firm/Company)  640 NE 6th Avenue  (Address)	RY OF S
Delray Beach FL.31485 (City/State and Zip Code)	TATE ORIDA
For further information concerning this matter, please call	:
	860-1695 e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 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

	nited liability company as i		ds of the Florida	Department
		,		
2. This limited liability	ry company was organized to	inder the laws of:		
	ent/registration number of to 14004	his limited liability co	ompany is:	
4. I, CARL (Print Nam	GARTMAN e of Person Resigning)	, hereby resign as	a Managing (Polini Title	Maubor (e)
of this limited liabil resignation in writing	ity company and affirm the	limited liability comp	any has been not	ified of my
Can	andr		Ą	4
Signature of Resign	ing Member, Managing Me	ember or Manager	<b>A</b>	COR NO.
•			ASS	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	·	EE. FLO	
			RIDA	

CR2E079 (5/06)