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SECRETARY OF STATE

K.SALY EXAMINER FEB 1 & 2014

COVER LETTER

SUBJECT: South Tampa Auto and Tire UC (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: S. Tampa Auto and Tire S. Tampa Auto and Tire
Please return all correspondence concerning this matter to:
Contact Person)
Sitors Ada JTir
(Firm/Company)
6511 S. Dale Mabry Hwy (Address)
Tampa FL 33616 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert Degener at (913) 832-2670 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida/Department of State for: \$\Bigsiz\$ \$\\$55\$ 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 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

2014 FEB 10 PM 4: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

1. The name of the li	South Tampa Auto and Tire LLC.
2. The Florida docun	nent/registration number of this limited liability company is:
3. The date this mem	ober withdrew or will withdraw is: 1-15-3014
4. I, David A. (Print Nat	Degener, hereby resign as a Managing Member ne of Person Resigning) (Print Title)
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my ng.
8	
Signature of Res	going or Dissociating Manager, Member
•	\$25.00 (Required) \$30.00 (Optional)
Certified Copy:	\$50.00 (Optional)

CR2E079 (12/13)



1-15-2019