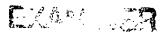
1100039451

| (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: | | | | |
| | | | | |
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| | | | | |
| | | | | |

Office Use Only

G. MCLEOD





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G. MCLEOD

DEC 19 2011

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: Florida Impressive Automotive L | | | |
| The enclosed member, managing member or manager res | • | | |
| Please return all correspondence concerning this matter to | o: | | |
| Exantus George | | | |
| (Contact Person) | | | |
| Florida Impressive Automotive | TALLA | | |
| (Firm/Company) | HA EC | | |
| 5311 NW 8TH AVE | LANASSEE, FLORIDA | | |
| (Address) | - Cof STAI | | |
| MIAMI FL 33127 | IAIE ORIDA | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please cal | 1: | | |
| EXANTUS GEORGE at (786 | 308-8207 | | |
| (Name of Contact Person) (Area Coo | de & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to the Florida \$\int \frac{1}{2}\$ | Department of State for: \$55 Filing Fee & | | |
| 7 | Certified Copy | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| Registration Section | Registration Section | | |
| ivision of Corporations Division of Corporations | | | |
| Clifton Building | P.O. Box 6327 | | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | | |

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | limited liability company as ORIDA IMPRESSIVE | | |
|--|---|------------------------------|---------------------------|
| | oility company was organized FLORIDA | d under the laws of: | |
| 3. The Florida doc | ument/registration number o 9451 | f this limited liability com | pany is: |
| 4. I, FANFAN EUGENE (Print Name of Person Resigning) | | , hereby resign as a _ | (Print Title) |
| of this limited lia resignation in wr | bility company and affirm thiting. | e limited liability compan | y has been notified of my |
| Cuzne | Jan Jan | - | |
| Signature of Res | igning Member, Managing N | 1ember or Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | 11: DEC SECRE I |