L11000045842

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SHORT OF CORROLL AND STATE OF STATE OF

COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: Municipal Fleet Services, LL	.c
(Name of Lin	nited Liability Company)
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted
Please return all correspondence concerning	this matter to:
Katrina Powell, President	
(Contact Person)	
Municipal Fleet Services, LLC	
(Firm/Company)	
747 Fleet Financial Ct.	
(Address)	
Longwood, FL 32750	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Katrina Powell	at (407) 492-0164
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$\int_\$\$ \$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

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	ne limited liability company as i unicipal Fleet Services, LLC	t appears on the records	of the Florida Department
2. This limited lia	ability company was organized	under the laws of:	
3. The Florida do L110000458	ocument/registration number of 342	this limited liability con	npany is:
4. I, Judy W. Po	well Name of Person Resigning)	, hereby resign as a	MGTZN (Print Title)
of this limited l resignation in v	iability company and affirm the writing.	limited liability compar	ny has been notified of my
Signature of R	W. + Owl esigning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)	•	

Certified Copy:

\$30.00 (Optional)