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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	. 0.500
(Cit	ty/State/Zip/Phone	e #)
PICK-ÜP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

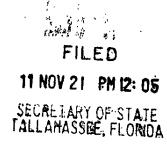
Division of Corporations	
SUBJECT: Southern Automotive Par	ts, LLC.
	ed Liability Company)
The enclosed member, managing member or utiling.	nanager resignation and fee(s) are submitted fo
Please return all correspondence concerning the	nis matter to:
Santiago Mulet	
(Contact Person)	
Southern Automotive Parts, LLC.	
(Firm/Company)	
12905 SW 132 St, Suite 1	
(Address)	
Miami, Fl. 33186	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Santiago Mulet	at (305) 971-3556
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$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 (5/06)

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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 ithern Automotive Part	it appears on the records of the Florida Department is, LLC.
2. This limited liab Florida	ility company was organized	I under the laws of:
3. The Florida docu <u>L11000046</u>		f this limited liability company is:
_{4. I.} Adrian Ruiz	2	, hereby resign as a MGR
(Print N	ame of Person Resigning)	(Print Title)
of this limited lial resignation in wr		ne limited liability company has been notified of my
Signature of Resi	gning Member, Managing N	1ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	