

L11000051305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

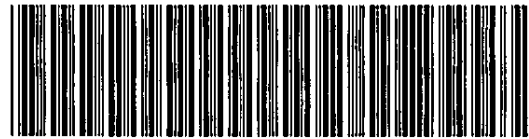
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 SEP 12 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 13 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Les Auto Repair & Collision LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Herns Dorvil
(Contact Person)

Les Auto Repair & Collision LLC
(Firm/Company)

3759 NW 16th St Bldg 7,
(Address)

Lauderhill FL 33311
(City/State and Zip Code)

For further information concerning this matter, please call:

Herns Dorvil at (954) 553-1934
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 SEP 12 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 25, 2013

HERNS DORVIL
3759 NW 16TH ST
BAY 6 & 7
LAUDERHILL, FL 33311

SUBJECT: LES AUTO REPAIR & COLLISION LLC
Ref. Number: L11000051305

We have received your document for LES AUTO REPAIR & COLLISION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 113A00018017



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Les Auto Repair & Collision LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L11000051305

4. I, Samuel Doril, hereby resign as a MBR, President, Sec
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
13 SEP 12 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA