# L11 6000 57511

(Requ	estor's Name)	
(Addre	ess)	
(Addr	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	me)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



600275771096

08/07/15--01013--025 \*\*25.00

15 AUG - 7 AM 7: 01
SECRETARY OF STATE
TALL ARASSET FOR STATE

AUG 1 0 2015

**J SHIVERS** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Geo 5 Autos 222 (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:    Deovary		
(Firm/Company)  17415 Hwy 17 (Address)		
Pomona Par & JL 32181 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (386) 916-6426 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\text{\$\frac{1}{2}}}\$\$ \$\frac{1}{2}\$\$ \$\frac{1}{2}\$		
etheet/counted annuece. Malling annuece.		

#### 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 (2/14)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Geo 5 Autos LLC
2. The Florida document/registration number assigned to this limited liability company is:
L11000057911 / FET 45-2307109
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2015
4. L. Mula A - Little Mame of Person Resigning), hereby withdraw/resign as a
Managel (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.  Signature of Dissociating Member or Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)