411000095431

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
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APR 0 3 2014

C. CARROTHIDE

COVER LETTER

TO: Registration Section Division of Corporations

EXTERIOR AUTO FINISH
(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:

KATHERINE SEEPERSAD

(Figur Company)

7921 SW 33rd St.

MIRAMAR FL 33029
(CityState and Zip Code)

For further information concerning this matter, please call:

(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

CR21079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 lin	nited liability company as it appears on the records of the Florida Department
ofState is: EX	TERIOR AUTO FINISH
2. The Florida docume	ent/registration number assigned to this limited liability company is:
L110000	95431
3. The date this memb	er/manager withdrew/resigned or will withdraw/resign is: 325/14
4.1. VELSA (Print Name	CARTHY hereby withdraw/resign as a of Person Resigning)
\ \ \	w Taker ty company and affirm the limited liability company has been notified of my
resignation in writin	
Call	
Signature of Disso	ciating Member or Resigning Manager
_	\$25,00 (Required)
	\$25,00 (Required) \$30,00 (Optional)

CR2F079 (2/14)

SECRETARY OF CHAIR
TALL AHASSEE, FLORIDA