L11000114955

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| • | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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12 OCT - 1 PM 1: 38
SECRETARY OF STATE
ALLAHASSEE, FECRIDA

B. BOSTICK

OCT - 2 2012

EXAMINER

COVER LETTER

| Division of Corporations | , . | | | | | | |
|---|---|---------------------|----------|---|--|--|--|
| SUBJECT: Dr. "G" Ultimate BMW Repair Specialist (Name of Limited Liability Company) | | | | | | | |
| The enclosed member, managing member or manager res filing. | ignation and fee(s) are submi | itted f | or | | | | |
| Please return all correspondence concerning this matter to | o: · | | | | | | |
| Keisha Y. Brown | | | | | | | |
| (Contact Person) | - | | | | | | |
| (Firm/Company) | | ⊣ t. | | | | | |
| 7541 Harbour Blvd | # fr | 유함 7: 2: | 12 OCT - | | | | |
| (Address) | — :: A | 201 000 000 | 7 | Charmen | | | |
| Miramar, FL 33023 | ti. Ži, | dia G | -0 | | | | |
| (City/State and Zip Code) | | n Filon Digni | PM 1: 38 | (************************************** | | | |
| For further information concerning this matter, please cal | l: , <u>Ş</u> | ALL SUNI | မ္ | | | | |
| Keisha Brown at (954 | 417-5865 | | | | | | |
| (Name of Contact Person) (Area Coo | le & Daytime Telephone Numb | er) | • | | | | |
| Enclosed please find a check made payable to the Florida \$25 Filing Fee | Department of State for: \$55 Filing Fee & Certified Copy | | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | 4 | | | | | |
| Tallahassee Florida 32301 | 1 ananassee, 1 1011aa 525 1- | • | | | | | |

CR2E079 (5/06)



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 of State is: DR | limited liability company as it. "G" ULTIMATE BMV | appears on the records REPAIR SPECI | of the Florida Departmen |
|--|---|-------------------------------------|--|
| 2. This limited liab Florida | ility company was organized u | ınder the laws of: | |
| 3. The Florida docu L1100011 | ument/registration number of t | his limited liability con | npany is: |
| (Print N | Brown Fmaily Trust ame of Person Resigning) | | Managing member (Print Title) |
| resignation in wr | pility company and affirm the iting. | | The Total Report of the To |
| Signature of Resi | gning Member, Managing Me | ember or Manager | AHASSEE |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | PM 1: 38 |