## L11000116955

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
<b>V</b>	,,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filina Officer:	
	J	
	,	

Office Use Only

B. KOHR

OCT 25 2011

**EXAMINER** 



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TALL ALASSEE, FLORIDA

RECEIVED



**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Autos Impex LLC			_		
				Art of Inc. File	
· · · · · · · · · · · · · · · · · · ·	·			LTD Partnership File	
				Foreign Corp. File	
				L.C. File	
				Fictitious Name File	
				Trade/Service Mark	
				Merger File	
			✓	Art. of Amend. File	
				RA Resignation	
			***************************************	Dissolution / Withdrawal	_
				Annual Report / Reinstatement	
				Cert. Copy	
				Photo Copy	
				Certificate of Good Standing	
				Certificate of Status	
				Certificate of Fictitious Name	
				Corp Record Search	
				Officer Search	
				Fictitious Search	
Signature	,	<del> </del>		Fictitious Owner Search	-
				Vehicle Search	
	_			Driving Record	
Requested by: SETH	10/25/11		<del></del>	UCC 1 or 3 File	
Name	Date	Time		UCC 11 Search	
Walle Y-	337211 TS1 =1. F1		ļ ——	UCC 11 Retrieval	
Walk-In	Will Pick Up		·	Courier	

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### **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Autos Impex LLC	
	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
Juan De Dios Salazar	
(Contact Person)	
Autos Impex LLC	
(Firm/Company)	
5600 S. Orange Blossom Trail	·
(Address)	
Orlando/Florida 32839	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Juan De Dios Salazar	at ( 407 ) 9482121
(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 &
<del></del>	Certified Copy
STREET/COURIER ADDRESS:	<b>MAILING ADDRESS:</b>
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



# TOCT 25 PM 2: 56

### 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 li of State is: Auto	mited liability company as it s Impex LLC	appears on the records of t	he Florida Department
2. This limited liabili Florida	ty company was organized u	nder the laws of: 	
3. The Florida docum L110001169	nent/registration number of the 1955	is limited liability compan 	y is:
•	ne of Person Resigning)	, hereby resign as a Ma	(1) in 1 me)
of this limited habil resignation in writing	ity company and affirm the l ng.	imited liability company h	as been notified of my
Signature of Resign	c F. Juleary V ning Member, Managing Men	nber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		