| (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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IL SAULSBIRRY EXAMINER

MAY 6 2013

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Aurelio Mobile Automotive Painter 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:

Marilia C Oliveira (Contact Person) 2502 Oakington St (Address) Winter Garden, Fl. 34787 (City/State and Zip Code)

For further information concerning this matter, please call:

Marilia C Oliveira

(Name of Contact Person)

at (407) 309-1117

(Area Code & Daytime Telephone Number)

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

\$\sum_{\text{\$\subset\$}}\$\$ \$\frac{1}{2}\$ \$\fr

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | nited liability company as it is to Mobile Automotive Poble Auto Service, | appears on the records of the Floainter, LLC | orida D | epartn | nent |
|--|---|--|---|-------------|--|
| 2. This limited liabilit Florida | y company was organized ur | nder the laws of: | 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十 | 2013 MAY -2 | Example of the second s |
| L11000120769 | 9 | is limited liability company is: | | AH 8: 32 | Exemples of the second |
| 4. I, Marilia C Oliv | eira | , hereby resign as a MGRM | wing Title | | _ |
| of this limited liabilities resignation in writing | e of Person Resigning) ty company and affirm the li | mited liability company has bee | rint Title | , | my |
| Filing Fee: | \$25.00 (Required) | | | | |

Certified Copy:

\$30.00 (Optional)