

LI1000124670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

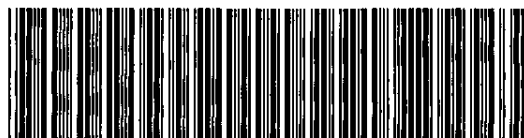
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/17/12--01051--031 **25.00

FILED
12 JAN 17 PM 12:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 18 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American style collision 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:

JOHN Lefevre
(Contact Person)

American style collision LLC
(Firm/Company)

3211 E 11 Ave
(Address)

Hialeah FL 33013
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN Lefevre at (786) 290 1085
(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:

MAILING ADDRESS:

1507 NW 119 St
Miami FL 33167

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 17 PM 12:30

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

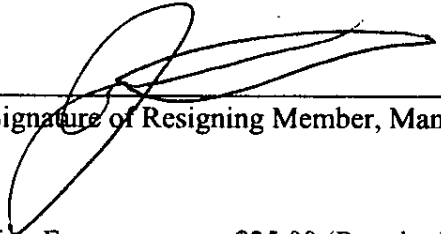
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: American style collision

2. This limited liability company was organized under the laws of:
Any and all Lawful Business

3. The Florida document/registration number of this limited liability company is:
L11000126670

4. I, JOHN Lefevre, hereby resign as a MGR
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA