

21000142227

(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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2014 MAR 27 PM 3:54  
CLERK OF STATE  
TALLAHASSEE FLORIDA

MAR 27 2014

0 PRICE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 19, 2014

GUSLER CHARLES  
4031 N PINE ISLAND RD, APT 4-406  
SUNRISE, FL 33351

SUBJECT: ALLIANCE AUTO REPAIR LLC  
Ref. Number: L11000142227

We have received your document for ALLIANCE AUTO REPAIR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 814A0000591

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alliance Auto Repair LLC  
(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:

Guster Charles  
(Contact Person)

Alliance Auto Repair LLC  
(Firm/Company)

4031 N Pine Island Rd  
(Address)

Sunrise FLA 33351  
(City/State and Zip Code)

For further information concerning this matter, please call:

Guster Charles at ( 954 ) 305 4312  
(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

**MAILING ADDRESS:**

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

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TALLAHASSEE, FLORIDA



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 limited liability company as it appears on the records of the Florida Department of State is: ALLIANCE Auto Repair LLC

2. The Florida document/registration number assigned to this limited liability company is:

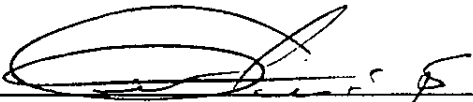
L11000142227

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/19/14

4. I, Gusler Charles, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Coo  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

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