12000000 827

| (Req | uestor's Name) | |
|----------------------------|------------------|-------------|
| (Add | ress) | |
| (Addi | ress) | |
| (City/ | /State/Zip/Phone | 9 #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | iness Entity Nar | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | iling Officer: | |
| | | |
| | | |
| | | |

Office Use Only



800261748078

07/14/14--01015--007 **55.00



C.M 7/31/14

COVER LETTER

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

SUBJECT: Affordagie Automotive RECONDITIONIUS LL C. (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:

| TIMOTHY 5 EDMONSOW (Contact Person) | As - |
|--|----------------------------------|
| (Firm/Company) | 4 JUL 14 EGALÍARY LLAHASSE |
| 24924 SHET LAND TRAIL (Address) | AM 3: 37 OF STATE F. FLORID |
| JORRENTO FL 32776 (City/State and Zin Code) | 2> |

For further information concerning this matter, please call:

11M0114 5 E0 MONSOV at (321) 689 - 8108
(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 \$\$\fomega\$ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

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



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 comp | oany as it appears on the | ne records of the Florida De | partment |
|--|--|---------------------------|------------------------------|----------|
| of State is: AF | FOR BABLE | AUTO MOTIVE | NECOX OITION (NG | 110. |
| 2. The Florida doc | ument/registration nur | mber assigned to this I | imited liability company is: | |
| 11200 | 00000 827 | • | | |
| 3. The date this me | ember/manager withdr | ew/resigned or will wi | thdraw/resign is: 7-10- | 14 |
| 4. I, 1/1 0/1/19 | I S. ES MON 3 Jame of Person Resigning) | row, hereby w | ithdraw/resign as a | |
| MEMBO | EL MANAG (Print Title) | <u>ER</u> . | | |
| of this limited lia resignation in wr | | firm the limited liabili | ty company has been notific | ed of my |
| James of D | 5. Elmon | Joen Marson | | |
| Sygnature of Di | ssociating Member of | resigning ivianager | | |
| Filing Fee: | \$25.00 (Required) | | | |
| Certified Copy: | \$30.00 (Optional) | | | |