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D. BRUCE
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EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporation	S			
SUBJECT: Florida	State (Name of Limite	Auto d Liability Co	Cepair mpany)	Lie.
The enclosed member, managin filing.	g member or m	ıanager resig	gnation and fee(s	s) are submitted fo
Please return all correspondence	e concerning th	is matter to:	:	
Dan Iscrupe	son)		_	
Florida Statee (Firm/Comp	Auto Reg	air W	<u>c</u> .	
Tallahassee F1 3			- 	
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STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	<b>SS:</b>		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, Flo	ection rporations

CR2E079 (5/06)



## 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 of State is: $\frac{1}{1}$	limited liability comp orida State	any as it appe	ars on the re Repair	cords of the Flo	orida Depa	rtment	
<b></b>	ility company was org		the laws of:				
	ument/registration num	nber of this lir	nited liabilit	y company is:			
4. I, Stewart (Print N	"Vince" Bick Jame of Person Resigning)	<u>el</u> , h	ereby resign	as a <u>Movyo</u>	guni qu 1 int Title	namt	W
of this limited lial resignation in wr	bility company and affiting.	firm the limite	d liability co	ompany has bee	n notified	of my	
8V1 1				_			
Signature of Resi	gning Member, Mana	ging Member	or Manager	-			-
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					7 20 F	H