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COVER LETTER

TO: **Registration Section Division of Corporations** WALL SPRINGS AUTO SALES LLC SUBJECT: (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: **DAVID JOHNSON** (Contact Person) (Firm/Company) 17813 OXENHAM AVE (Address) SHADY HILLS FL 34610 (City/State and Zip Code) For further information concerning this matter, please call: **DAVID JOHNSON** (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: Registration Section** Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

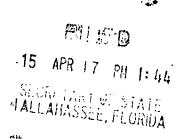
CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 i	t appears on the records of the Florida Department
of State is: WAL	L SPRINGS AUTO SALES	S LLC
2. The Florida docu	ument/registration number ass	igned to this limited liability company is:
L1200003873	4	
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is: 4/13/2015
4. I, DAVID ALAN JOHNSON JR (Print Name of Person Resigning)		
(Print N	ame of Person Resigning)	
MEMBER		
	(Print Title)	
of this limited lial resignation in wri		limited liability company has been notified of my
Da	70-	
Signature of Di	ssociating Member or Resign	ing Manager
Filing Fee:	` • • /	
Certified Copy:	\$30.00 (Optional)	