## L 12000054037

(Re	questor's Name)			
(Ad-	dress)	<u>.                                  </u>		
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
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SECRETARY OF STATE

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#### **COVER LETTER**

_	ation Section on of Corporations	
SUBJECT: V	WILLY AUTO SALES LLC	
	(Name of Limited Liability Com	pany)
The enclosed n filing.	member, managing member or manager resign	nation and fee(s) are submitted for
Please return a	Il correspondence concerning this matter to:	
CRISTINA	RIVERA	
	(Contact Person)	
SAFETY B	SUSINESS LLC	
	(Firm/Company)	
6220 S OF	RANGE BLOSSOM TRAIL 600	* *
	(Address)	
ORLANDO	D FL 32809	
<del></del>	(City/State and Zip Code)	
For further info	ormation concerning this matter, please call:	• [
CRISTINA	RIVERA at ( 407	, 888-4747
(Nar	me of Contact Person) (Area Code	& Daytinië Telephone Number)
Enclosed pleas	se find a check made payable to the Florida D  ✓ \$25 Filing Fee \$\$\$	epartment of State for: 55 Filing Fee & Certified Copy
Registration So Division of Co Clifton Buildin 2661 Executiv	ection orporations ng	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
CR2E079 (5/06)		



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SECRETARY OF STATE

### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as		he Florida Department
of State is: WIL	LY AUTO SALES LL	<u> </u>	·
2. This limited liabi	lity company was organized	under the laws of:	
3. The Florida docu L12000054	ment/registration number of 037	this limited liability compan	y is:
4. I, JOSE POM	PEU DE VASCONCELO	OS , hereby resign as a MC	GRM
(Print Name of Person Resigning)			(Print Title)
of this limited liab	ility company and affirm the	limited liability company ha	as been notified of my
Signature of Resig	gning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)		