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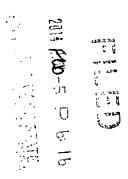
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FEB - G 2014

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COVER LETTER

TO:	Registration Section		
	Division of Corporations		

SUBJECT: Peterson True Service, UC
(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:

Hiloa Tomassini
(Contact Person)

Peterson True Service, UC
(Firm/Company)

11323 Spivey Rd.
(Address)

Gibsonton, Florida 33534

Wite/State and Zip Code)

For further information concerning this matter, please call:

Hi'(DA TOMASSINI at (B13) 322-5131 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

2 \$25 Filing Fee \$ \$55 Filing Fee &

STREET/COURIER ADDRESS:

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

CR2E079 (12/13)

MAILING ADDRESS:

Certified Copy

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as Peterson True	• •	of the Florida Department
120	ument/registration number o	<i>O</i> v	•
4.1, <u>HILDA</u>	ember withdrew or will with TOMASSIMI Tame of Person Resigning)	draw is:, hereby resign as a	M 6 k M (Print Title)
	bility company and affirm th	ne limited liability company	•
Signature of Ro	esigning or Dissociating Ma	anager, Member	
•	\$25.00 (Required) \$30.00 (Optional)		