L12000068163

	(Requestor's Name)
	(Address)
	(Address)
-	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:





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COVER LETTER

Division of Corporations	
SUBJECT: The Garage Enhance (Name of Limited Liability Co	coment Compa
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Tyler G. Pullich, Esq. (Contact Person)	_
AODDWALL SWAN (Firat/Ompany)	
2101 Indian River Blyd	Suite 200
Von Bouh L 329100 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Name of Contact Person) at (1772) (Area Code	231-4440 e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida l \$25 Filing Fee \$\Bigsquare\$\$\$\$\$\$ \$\Bigsquare\$	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

TO: Registration Section





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)

	imited liability company as it appears on the records of the Florida Department Sarage Enhancement Company, LLC
2. The Florida docu L12000068163	ment/registration number assigned to this limited liability company is:
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is:
	ti, hereby withdraw/resign as a
Manager	
(Print Title)
of this limited liab resignation in wri	ility company and affirm the limited liability company has been notified of mying.
Ch	lold
Signature of Dis	sociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)