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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MORANO & Sons (Name of Limited Liab	Gautos L. L. C. bility Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
Christopher Morar (Contact Person)	76
Morano & Sons auto:	<u>s L.</u> L.C.
436 Knoll Tree Lane	
apaka, FC 32712 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Christopher Morano at (L (Name of Contact Person) (Ar	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	Storida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 li of State is:	mited liability company ORANO & So	as it appears on the re	cords of the F	Florida I	Depar 	tment
	ty company was organi FIDCIDA	zed under the laws of:				
	nent/registration number	r of this limited liabilit	y company is	:		
•	S - WOYQ ne of Person Resigning) lity company and affirm		,		′	PR of my
Jernse	S M (Mayo) ning Member, Managing	g Member or Manager	-			
Filing Fee: Certified Copy:	, -			SECRETARY TALLAHASSI	12 AUG 13	71