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(Requestor's Name)				
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PICK-UP: WAIT M	AIL			
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(Business Entity Name)				
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Certified Copies Certificates of Status _				
				
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STEERETARY OF STANDA

T. CLINE
DEC 11 2012
EXAMNER

COVER LETTER

Division of Corporations
SUBJECT: Auto Pawo Cing, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Steve MGATEY (Contact Person)
Auto Hun King, Lld (Firm/Company)
P.O. 30x 229 \ (Address)
Fort Report FL 34954-2291 (City/State and Zip Code)
For further information concerning this matter, please call:
Steve MGAM at (772) 293-0707 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsize \text{\$\subset}\$\$ \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301

Clifton Building

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company	as it appears on the records of the	e Florida Department
2. This limited liab	lity company was organiz	zed under the laws of:	
1	ment/registration number \$2954	of this limited liability company	is:
,	pility company and affirm	, hereby resign as a MF	(171111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature of Resi	gning Member, Managing	g Member or Manager	MIZ DEC 10
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		YOF STANK