1200037159

(Requestor's Name)			
(Address)			
	•		
(AC	ddress)		
(Ci	ty/State/Zip/Phone) #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(2.	John Coo Endry Ham		
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
ı			
(DEC 2 7 2012			
L. SELLERS			

Office Use Only



500242293415

12/21/12--01009--009 **25.00

TILCE
12 DEC 21 PH 4: 17
SEGRILLARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations

_{subject:} Tampa Car Clinic L.L.C.

(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:

Julio Abreu Rivera

(Contact Person)

Tampa Car Clinic

(Firm/Company)

14825 N. Nebraska Ave.

(Address)

Tampa, FL. 33613

(City/State and Zip Code)

For further information concerning this matter, please call:

Julio Abreu Rivera

,,₍₈₁₃ , 47)

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

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

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

CR2E079 (5/06)

MAILING ADDRESS:

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

2 DEC 21 PH 4: 17



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 i npa Car Clinic L.L.C	t appears on the records of the Florida Department
2. This limited liab the State of	ility company was organized Florida	under the laws of:
3. The Florida docu L120001377	•	this limited liability company is:
4. I, Victor Noel Diaz (Print Name of Person Resigning)		, hereby resign as a MGR (Print Title)
	bility company and affirm the	limited liability company has been notified of my
Signature of Resi	gning Member, Managing Me	ember or Manager
	\$25.00 (Required) \$30.00 (Optional)	