## L12000140689

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(Re	equestor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 22 2015 T. CARTER

## **COVER LETTER**

TO: Registration Section		
Division of Corporations		
SUBJECT: LOU'S FILLING STATION L	<del></del>	
(Name of Limi	ited Liability Co	ompany
The enclosed member, resignation or dissocia	ation and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
FRANK BRUNN		
(Contact Person)		<del></del>
FCDC		
(Firm/Company)		<del></del>
407 EAST NEW HAVEN AVENUE		
(Address)		<del></del>
MELBOURNE, FL. 32901-4507		
(City/State and Zip Code)	<del></del>	<b>~~</b>
For further information concerning this matte	r, please call	;
FRANK BRUNN	321	727-2672
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (2/14)

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 JAN 20 PM 4: 04



## 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)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida docu L1200014068	~	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: 12-31-2019
		, hereby withdraw/resign as a
(Print N MEMBER / M		
1	(Print Title)	
of this limited lial resignation in wri	bility company and affirm th iting.	e limited liability company has been notified of my
Signature of Di	ssociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	