1/2000/6/484

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
FEB 2 2 2019
A. LUNT

Office Use Only



400244564164

02/21/13--01011--021 **25.00

2013 FE# 21 PM 4: 26

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Redline Automotive of Jacksonville, 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:
Carl Otradovec (Contact Person)
Redline Automotive of Jacksonville, LLC (Firm/Company)
4851 Rosselle St. #3 (Address)
JackSonville, FL 32254 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (352) 275-1245 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sqrt{25}\$ \$15 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

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 lin of State is: Re	mited liability company as	it appears on the records Five & Jacks	of the Florida Depar	tment
2. This limited liabili	ty company was organized	under the laws of:	2013 FE# 21	and the second s
	nent/registration number of	this limited liability con	npany is: 020	2 * 2 ** 3 <u>*</u>
4. I, Michael (Print Nam	BRINGE ne of Person Resigning)	, hereby resign as a	Member (Print Title)	
of this limited liabil resignation in writing	ity company and affirm the	limited liability compar	ny has been notified o	f my
Signature of Resign	ning Member, Managing M	ember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			