## L13000030388

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DIVISION OF CHRECKATION

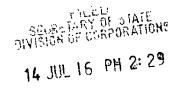
C. LEWIS 20 2014

## **COVER LETTER**

Division of Corporations
SUBJECT: ACES EIGHTS (LUSTOMS LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
DAV.J ENIX (Contact Person)
ENIX & ASSOCIATES LLC (Firm/Company)
P.O. Box 867 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person)  at (352) 742. 0800  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  2 \$25 Filing Fee
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)





## 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	ACES É EIGHTS KUSTOMS LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L1300	00030388
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: April 30 74
4. 1, <u>Josep)</u> (Print N	A GUARINO, hereby withdraw/resign as a lame of Person Resigning)
	M G L (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
corning copy.	φουσο (Optional)