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EXAMINER

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJI	FCT: NORTH AMERICAN PARTS LLC		
501,,,	(Name of Limited Liability Cor	npany)	
The en	nclosed member, resignation or dissociation and fee(s	s) are submitted for filing.	
Please	return all correspondence concerning this matter to:		
ANGE	ELICA L BELTRAN		
	(Contact Person)	_	
BELTI	RAN ACCOUNTING SERVICES CORP		
	(Firm Company)	_	
6303	BLUE LAGOON DR. SUITE 400		
	(Address)	_	· 📆
MIAM	II, FL 33126		1000 1000
	(City/State and Zip Code)	_	14
For fur	rther information concerning this matter, please call:		. <u>=</u>
ANGE	ELICA L. BELTRAN 305	456-1999	± .
		& Daytime Telephone Numbe	
	sed please find a check made payable to the Florida I. Filing Fee	Department of State for: g Fee & Certified Copy	
	ET/COURIER ADDRESS:	MAILING ADDRESS:	
	ration Section on of Corporations	Registration Section Division of Corporations	
	n Building	P.O. Box 6327	
2661 E	Executive Center Circle assee. Florida 32301	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 of State is: NOI	e limited liability company as it RTH AMERICAN PARTS LL	appears on the records of the f	Florida Dep	oartmei
2. The Florida doc L1300003488	ument/registration number assi	gned to this limited liability co	ompany is:	
3. The date this mo	ember/manager withdrew/resign	ned or will withdraw/resign is: hereby withdraw/resign as		18
· · · ————	dame of Person Resigning)	nereby withdraw/resign as	d	
of this limited lizeresignation in wr	bility company and affirm the litting.	limited liability company has b	een notifie	
Sunature of D	issociating Member or Resignii	ng Manager		18 AUS -2
	\$25.00 (Required) \$30.00 (Optional)		**************************************	# 8: 2