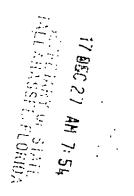
## 

(Requestor's	s Name)
(Address)	
(Address)	
(City/State/Z	lip/Phone #)
PICK-UP V	_
(Business E	ntity Name)
(Document i	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Off	ficer:





12/27/17--01020--004 \*\*25.00



## COVER LETTER

	Registration Section Division of Corporations	
SUBJE	DIRECT AUTO BODY, LLC	
	(Name of Limited Liability Co	ompany)
The enc	closed member, resignation or dissociation and fee	(s) are submitted for filing.
Please r	return all correspondence concerning this matter to	:
DOMIN	NIC ADDEO	
	(Contact Person)	
DIREC	CT AUTO BODY, LLC	
	(Firm/Company)	_
640 NO	ORTH FEDERAL HIGHWAY	
	(Address)	_
DELRA	AY BEACH, FLORIDA 33483	
<u>-</u>	(City/State and Zip Code)	_
For furt	her information concerning this matter, please call	:
DOMIN	NIC ADDEO 561	276-2555
	(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
	ed please find a check made payable to the Florida Filing Fee	Department of State for:  lig Fee & Certified Copy
Registra Division Clifton 2661 Ex	ET/COURIER ADDRESS: ntion Section n of Corporations Building secutive Center Circle ssee, 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)

	ument/registration number	assigned to this limited liability co	mpany is: –	
L130000462	248			17
4. I, MICHAEL F	(ATTOURA	esigned or will withdraw/resign is:, hereby withdraw/resign as	a [] 9	
MANAGER				9
	(Print Title)	•	7-	
of this limited lia resignation in wr		the limited liability company has b	een notified	of my
<i>[[/</i> ](/	1971 (1) (			