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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Defrance Auctions, 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:

### Alyssa Chambless

(Contact Person)

Defrance Auctions, LLC

(Firm/Company)

230 Eglin Parkway SW

(Address)

Fort Walton Beach, FL 32548

(City/State and Zip Code)

For further information concerning this matter, please call:

Alyssa Chambless

...850 .... 259-4174

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

#### 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 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as it a unce Auctions, LLC	ppears on the records	s of the Flo	orida D	epartn	nent —·
2. This limited liability Florida	ty company was organized und	der the laws of:		IPE:	Ĭ,	
	ent/registration number of this	s limited liability cor	npany is:	RECRETARY OF LILAHASSEE F	MA SEP 12 PM	
4. I, Shannon Ikne	e of Person Resigning)	_, hereby resign as a	MGRM	STATE Title		
resignation in writin	ity company and affirm the ling.	nited liability compa	ny has bee	n notifi	ed of	my
Signature of Resign	ing Member, Managing Mem	ber or Manager				
Filing Fee:	\$25.00 (Required)					

Certified Copy:

\$30.00 (Optional)