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14 APR -8 PH 1: 36 SECRETARY OF STATE FACT AHASSEE, FLORIDA

C. LEWIS

APR 1 4 2014

EXAMINER

COVER LETTER

TO:	_	stration Section sion of Corporations				
SUBJ	ECT:	EXCLUSIVE TOWING & SE	RVICES, LL	C		
		(Name of Limited Liability Company)				
The en	nclosed	I member, resignation or dissoci	ation and fee(s	s) are submitted for filing.		
Please	e return	all correspondence concerning	this matter to:			
Pablo	o Figu	eroas				
		(Contact Person)		_		
EXCI	LUSIV	'E TOWING & SERVICES, LI	_C			
		(Firm/Company)		_		
575 N	N US I	HIGHWAY 17-92		_		
		(Address)		_		
Long	wood,	, FL 32750				
		(City/State and Zip Code)		-		
For fu	ırther i	nformation concerning this matte	er, please call:			
Pablo	o Figu	eroas	407	701-4320		
	(N	lame of Contact Person)	(Area Code	e & Daytime Telephone Number)		
	sed ple 5 Filing	ease find a check made payable t g Fee		Department of State for: g Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
_		Section Corporations		Registration Section Division of Corporations		
	n Buile			P.O. Box 6327		
2661	Execut	tive Center Circle Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)





14 APR -8 PH 1: 36

SECRETARY OF STATE TALL AHASSEE, FLORIDA

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)

	limited liability company as it	appears on the records of the Florida Department ICES, LLC
2. The Florida docu L1300012571	· ·	gned to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is:
Claudio M. Allende		, hereby withdraw/resign as a
MGRM	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of D	Ssociating Member or Resigni	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	