L13000158421

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
A _{re}	Office Úse On	lv "



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OCT 1 7 2014 T. CARTER

LLC MING Resign

COVER LETTER

Division of Corporations	
SUBJECT: An Auction LLC	
(Name of Limited Liability Con	npany)
The enclosed member, resignation or dissociation and fee(s	a) are submitted for filing.
Please return all correspondence concerning this matter to:	
Tara Holcomb	
(Contact Person)	_
An Auction LLC	
(Firm/Company)	_
11231 US Hwy 1 #300	
(Address)	_
North Palm Beach, FL 33408	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Tara Holcomb 304	695-0766
	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 OCT -9 AM II: 45

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 li	imited liability company as	s it appears on the records of the Florida Department
of State is:	ection LLC	·
2. The Florida docun 46-4109583	nent/registration number a	ssigned to this limited liability company is:
3. The date this mem	nber/manager withdrew/res	signed or will withdraw/resign is:
laba D. Hawkia	1-	, hereby withdraw/resign as a
(Print Name		
	Print Title)	
resignation in writi		ne limited liability company has been notified of my
Filing Fee:	\$25.00((Required)	
Certified Copy:	\$30.00 (Optional)	