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TO: Registration Section **Division of Corporations** STANDARD PARTS, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: DIAZ TOLEDO, RENE (Contact Person) STANDARD PARTS, LLC (Firm/Company) 8258 N.W. 58TH STREET (Address) **DORAL, FL 33166** (City/State and Zip Code) For further information concerning this matter, please call: DIAZ TOLEDO, RENE (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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	limited liability company as	s it appears on the records of the F	Florida Dep	artme	ent
of State is:	NDARD PARTS, LLC				_·
2. The Florida doc	•	assigned to this limited liability co	mpany is:		
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	01/31/20	14	_
4. I. DIAZ PINA,	hereby withdraw/resign as	a			
MGR	Print Title)				
of this limited lia resignation in wr		he limited liability company has b	een notifie	14,	ny ···
Signature of Dissociating Member or Resigning Manager				MAY 23 F	*
ū	\$25.00 (Required) \$30.00 (Optional)			PH 3: 0	n wite Name