

Division of Corporations

L14 000017419

Page 1 of 1

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000033781 3)))



H140000337813ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JOHN M WICKER PA
Account Number : I20070000104
Phone : (239) 939-2222
Fax Number : (239) 939-2280

RECEIVED
14 MAY 15 PM 1:22

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: FRANS@CAWCRW.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAPE AUTO AIR, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 14 AM 8:45

FILED

Electronic Filing Menu

Corporate Filing Menu

Help



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CAPE AUTO AIR, LLC

2. The Florida document/registration number of this limited liability company is:
L14000017419

3. The date this member withdrew or will withdraw is: 2/12/14

4. I, JOHN M. WICKER, hereby resign as a MANAGER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CR2E079 (12/13)

FILED
14 MAY 14 AM 8:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE