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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ					
	(Name of Limite	ed Liability Con	npany)		
The er	nclosed member, resignation or dissociat	tion and fee(s	) are submitted for filing.		
Please	return all correspondence concerning th	nis matter to:			
RICA	RDO SANTIAGO				
	(Contact Person)	···	<del>-</del>		
MON	UMENTAL TIRES LLC				
	(Firm/Company)	<del></del>	_		
1089	A TAMIAMI TRAIL				
	(Address)		_		
POR'	T CHARLOTTE, FL 33953				
	(City/State and Zip Code)		-		
For further information concerning this matter, please call:					
RICA	RDO SANTIAGO	941 at (	812-8480		
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
	sed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy		
Regist Divisi Clifto 2661 I	CET/COURIER ADDRESS: tration Section on of Corporations n Building Executive Center Circle hassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)



## 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 Depart	tment 
2. The Florida docu L1400002552		signed to this limited liability company is:	) 
4. I, KERENDAR	AI REYES	gned or will withdraw/resign is: 06/2015 , hereby withdraw/resign as a	
of this limited lia resignation in wr		e limited liability company has been notified o	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		