L14000040274

| (R | equestor's Name) | 4 |
|---|---------------------|-------------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500261292005

06/19/14--01021--006 **25.00

34:1 Hd · bull 14:46

C. LEWIS

JUL 7 2014

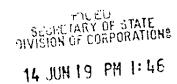
EXAMINER

COVER LETTER

CR2E079 (2/14)

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: America's Best Custom Shop, LLC | |
| (Name of Limited Liability Con | npany) |
| The enclosed member, resignation or dissociation and fee(s |) are submitted for filing. |
| Please return all correspondence concerning this matter to: | |
| Jorge Alvarez | |
| (Contact Person) | - |
| America's Best Custom Shop, LLC | |
| (Firm/Company) | <u>-</u> |
| 3190 South State Road 7 Unit A1 | _ |
| (Address) | |
| Miramar, Fl. 33023 UN | |
| (City/State and Zip Code) | - |
| For further information concerning this matter, please call: | |
| Jorge Alvarez 470 | 222-3190 |
| (Name of Contact Person) (Area Code | & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida I. \$25 Filing Fee \$55 Filing | Department of State for: g Fee & Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations P.O. Box 6327 |
| Clifton Building 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | randidose, riolida 24214 |





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 Departme | nt - |
|--|--|---------|
| 2. The Florida doc | ment/registration number assigned to this limited liability company is: | |
| 3. The date this me | mber/manager withdrew/resigned or will withdraw/resign is: | _ |
| 4. I, Dale Dixon | , hereby withdraw/resign as a | |
| (Print N AP | ame of Person Resigning) | |
| | (Print Title) | |
| of this limited lia resignation in wr | cility company and affirm the limited liability company has been notified of nating. | ıy |
| Fignature of D | ssociating Member or Resigning Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | |