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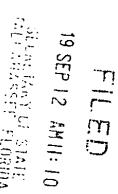
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: RAM TRUCK AND AU (Name of Limited L | iability Company) |
| The enclosed member, resignation or dissociation | and fee(s) are submitted for filing. |
| Please return all correspondence concerning this r | natter to: |
| RANDY MARVIN (Contact Person) | |
| RAM TRUCK AND AUTO SALES (Firm/Company) | LLC_ |
| 15 & 0 5 RONALD REAGAN BL (Address) | VI) |
| LONBWOOD FL 32750 (City/State and Zip Code) | |
| For further information concerning this matter, pl | ease call: |
| RANDY MARYIN at (Name of Contact Person) | 4c7) 619 · 0035 Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the \$25 Filing Fee | Florida Department of State for: S55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, 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)

| 1. The name of the l | imited liability comp | oany as it appe | ars on the | records of | the Florida | Department | |
|--|---|-----------------|-------------|---------------|----------------|----------------------|---|
| of State is: RA | M FRUEK | AND AUT | 0 51 | 4UES | 446 | · | |
| 2. The Florida docur | nent/registration nu | nber assigned | to this lim | ited liabilit | ty company | is: | |
| <u> </u> | 0000 42015 | <u>/</u> . | | | | | |
| 3. The date this men | nber/manager withdi | rew/resigned o | r will with | draw/resig | n is: <u> </u> | -30-201 | 4 |
| 4.1. RONALD (Print Na. | COLE me of Person Resigning | , ł | ereby witl | hdraw/resig | gn as a | | |
| TITLE (1 | MANA GER Print Title) | · | | | | | |
| of this limited liab resignation in writ | ility company and at ing. | firm the limite | d liability | company l | nas been not | tified of my | |
| Rull Signature of Dis | Cole | | | <u> </u> | | ω : | |
| Signature of Dis | sociating Member o | r Resigning M | anager | | | 38 61 | |
| Filing Fee: Certified Copy: | \$25.00 (Required \$30.00 (Optional) |) | | | J. 1485. | FILED SEP 12 AMII | |
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