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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	ALL IN ONE CAR SERVICE	LLC	
	(Name of Limi	ited Liability Cor	mpany)
The enclosed	d member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please return	all correspondence concerning t	his matter to:	
Dale E. Wo	orkman, Esq.		•
	(Contact Person)		_
MEARKLE	TRUEBLOOD ADAM, PL		
	(Firm/Company)		_
218 N. Broa	ad St.		
_	(Address)		
Jacksonville	e, Florida 32202		
	(City/State and Zip Code)		_
For further in	nformation concerning this matte	r, please call:	
Dale E. Wo	orkman, Esq.	904 at (352-1342
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple □ \$25 Filing	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration Division of C			Registration Section Division of Corporations
Clifton Build	•		P.O. Box 6327
2661 Executi	ive Center Circle		Tallahassee, Florida 32314
Tallahassee,	Florida 32301		

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	limited liability company	as it appears on the records of the Flor	rida Department	
of State is: ALL	IN ONE CAR SERVICE	LLC	·	
2. The Florida docu L1400004783	•	assigned to this limited liability comp	any is:	
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:)/31/2014	
1 A CHE 1 3 Z =		, hereby withdraw/resign as a		
Authorized M	ember (AMBR)			
	(Print Title)	•		
of this limited lial resignation in wri		the limited liability company has been	notified of my	
Willian	Ssociating Members Resi	igning Manager	14 OCT 31 SECRETAR TALLAHASS	TAR
•	\$25.00 (Required) \$30.00 (Optional)		AH 3: 18 Y OF STAT SEE, FLORI	
Filing Fee:	\$25.00 (Required)	igning Manager	31 AH TARY OF ASSEE	FILED