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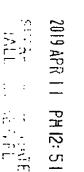
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Office Use Only



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R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cac Tires Plus LCC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Michelle Adc.ms (Contact Person)
Turn u Acito Saies' (Firm/Company)
136 Sio Boutte Court (Address)
Fort white FC 32038
For further information concerning this matter, please call:
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\sum_{0.5}}\$\$ \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)



2019 APR 11 PM 12: 51
SEURLING AND TATE
TALL MAUSEE, FL

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 li	mited liability company as it appears on the records of the Florida Department
of State is: (-	e Tires Plus Lie
2. The Florida docum	nent/registration number assigned to this limited liability company is:
LI40000	053917
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 4:15:19
4. I, (Print Nat	ne of Person Resigning), hereby withdraw/resign as a
	rint Title)
of this limited liabi	lity company and affirm the limited liability company has been notified of my ing.
m	Acco
Signature of Diss	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)