1400121794

(Re	equestor's Name)			
(Ac	idress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	TIAW	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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SEGRETARY OF STATE TALLAMASSEE, FLORIDA
**16 FEB 29 PM 5: 48

MAR O1 2016 S. YOUNG

COVER LETTER

_	stration Section sion of Corporations				
SUBJECT:	CAR DOCTORS MOBILE D				
	(Name of Lim	ited Liability Com	pany)		
The enclose	d member, resignation or dissoci	ation and fee(s)	are submitted for filing.		
Please return	n all correspondence concerning	this matter to:			
ANDREW	J. KANDEFER		_		
	(Contact Person)				
ATLAS BU	ISINESS HOLDINGS LLC		_	ið ठ	TALL
	(Firm/Company)			£53	حز 25
348 RIBAL	JLT AVE			29	ÄLLÄHASSEE, FLORIDA
	(Address)			PH	
DAYTONA	A BEACH FL 32118		_	2: 48	08:07
	(City/State and Zip Code)				
For further i	information concerning this matt	er, please call:			
ANDREW	J. KANDEFER	716 at (244-0609		
1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed pl	ease find a check made payable in g Fee		epartment of State for: Fee & Certified Copy		
STREET/C	COURIER ADDRESS:		MAILING ADDRESS:		

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 lin	nited liability company as it	appears on the records of the Florida	ı Department	t
of State is: CAR D	OCTORS MOBILE DETA	AILING LLC		
2. The Florida document L14000121794	ent/registration number assi	gned to this limited liability company	y is:	
3. The date this memb	per/manager withdrew/resig	ned or will withdraw/resign is: 9/1/2	:015	
		, hereby withdraw/resign as a		
MGR				
of this limited liabil resignation in writin		limited liability company has been no	tified my 10年EB 29 PH 5: 48	SECRETARY OF STATE FALLAHASSES, FLORIDA
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			