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Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: SPEEDWAY CAR CARE COTTER (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:
ANOWAR ALRHEEL (Contact Person)
SPEEDWAY PLUS CAR CARE CENTER
(Firm/Company) 123 W. HNEBAUGH AUE. (Address)
JAMPA FL 3362 (City/State and Zip Code)
For further information concerning this matter, please call:
ANOWAR ALRHEGL at (347, 607-6256
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive 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 Florida Department
of State is: SPEEDWAY PLUS & CAR CARE CONTER LLC
2. The Florida document/registration number assigned to this limited liability company is:
L 14000 153836
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{01/02/2}{5}$
4. I, Omar Abu - Zahra, hereby withdraw/resign as a (Print Name of Person Resigning)
(Print Name of Person Resigning)
Mar
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)