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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	TECT: ALL IN ONE REPAIRS LLC	ited Liability Co	mpany)
The e	nclosed member, resignation or dissoci		
Please	e return all correspondence concerning	this matter to:	
DAY	RON BORRAS		
	(Contact Person)		
ALL	IN ONE REPAIRS LLC		
	(Firm/Company)		
2077	75 SW 129 PL		
	(Address)		_
MIAN	MI, FL 33177		
	(City/State and Zip Code)		_
For ft	urther information concerning this matte	er, please call	:
DAY	RON BORRAS	786	351-1803
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
	osed please find a check made payable t 5 Filing Fee		Department of State for: g Fee & Certified Copy
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, 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)

	limited liability company as IN ONE REPAIRS LLC	it appears on the records of the Flo	orida Department
2. The Florida doc L1400016457	•	signed to this limited liability com	pany is:
		gned or will withdraw/resign is:	,
(Print N MANAGER	lame of Person Resigning)	, hereby withdraw/resign as a	A 13 PM
of this limited lia resignation in wr		e limited liability company has bee	 ကူးက
	issociating Member or Resign	ning Manager	
-	\$25.00 (Required) \$30.00 (Optional)		