## 114000170821

(Re	equestor's Name)	<u> </u>
(Address)		
(Ad	dress)	. 5.00
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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15 HAY 18 PH 4: 04

## **COVER LETTER**

_	istration Section sion of Corporations			
SUBJECT:	JACKS LATINO AUTO REPAIR LLC			
		ited Liability Con	прапу)	
The enclose	d member, resignation or dissocia	ation and fee(s	) are submitted for filing.	
Please retur	n all correspondence concerning t	this matter to:		
PAUL FUE	NTES			
	(Contact Person)		-	
JACKS LATINO AUTO REPAIR LLC				
	(Firm/Company)		-	
920	Pick Point RO (Address)	,,,,-	-	
PAlme,	9.90 FC 3422 (City/State and Zip Code)	2/	-	
For further information concerning this matter, please call:				
PAUL FUE	ENTES	at (947	462 7123	
1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed pl ■ \$25 Filin	ease find a check made payable to g Fee		Pepartment of State for: Fee & Certified Copy	
Registration Division of Clifton Buil 2661 Execu	Corporations	•	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 MAY 18 PH 4: 04

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)

The name of the limited liability company as it appears on the records of the Florida Department of State is:
2. The Florida document/registration number assigned to this limited liability company is:  L14000170821
3. The date this member/manager withdrew/resigned or will withdraw/resign is: <u>02-01-2</u> 01
WILLIAM LOPEZ
4. I, WILLIAM LOPEZ , hereby withdraw/resign as a (Print Name of Person Resigning)
MGR
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Significant of Dissociating Member of Resigning Members.
Signature of Dissociating Member or Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)