(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	)
·		
PICK-UP	☐ WAIT	MAIL
_	_	<del></del>
<del></del>	-,	
(Bu	isiness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		-



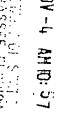


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11/U4/19--U10U3--U26 \*\*25.00



FILED



## **COVER LETTER**

TO: Registration Section

CR2E079 (2/14)

Division of Corporations		
SUBJECT: TERRY'S AUTO, LLC		
	imited Liability Con	npany)
The enclosed member, resignation or disso	ciation and fee(s	) are submitted for filing.
Please return all correspondence concernin	g this matter to:	
Roland D. Waller, Esq.		
(Contact Person)		~
Law Office of Roland D. wALLER		
(Firm/Company)	<del></del>	-
5332 Main Street		
(Address)		-
New Port Richey, FL 34652		
(City/State and Zip Code)		-
For further information concerning this ma	tter, please call:	
Tyler Keena	727 at (	836-8520
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee		repartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: 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)

	limited liability company : RY'S AUTO, LLC	as it appears on the records of the Florida	a Department
2. The Florida docu		assigned to this limited liability company	y is:
		esigned or will withdraw/resign is: 10	STECRES TO LA PROPERTIES DE LA PROPERTIE
Manager	(Drint Title)	· ·	
of this limited liab resignation in wri	oility company and affirm iting.	the limited liability company has been n	otified of my
James 1	Ssociating Member or Res		
	\$25.00 (Required) \$30.00 (Optional)		