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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAR 22 2016 S. YOUNG

COVER LETTER

Registration Section

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

Division of Corporations Reliable Auto Sales LLC **SUBJECT:** (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: Richard Rago (Contact Person) (Firm/Company) 2631 Conifer Drive (Address) Fort Pierce, FL 34951 (City/State and Zip Code) For further information concerning this matter, please call: Richard Rago (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee STREET/COURIER ADDRESS: MAILING ADDRESS: **Registration Section** Registration Section **Division of Corporations Division of Corporations** Clifton Building 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	limited liability company as	s it appears on the records of the	Florida Depar	tment
of State is:	able Auto Sales LLC			•
2. The Florida doc:	_	ssigned to this limited liability co	ompany is: 6	SECRET
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is	: 03/11/201 <u>6</u>	
4. I, Kim Rago		hereby withdraw/resign a	sa #	
(Print N	lame of Person Resigning)	, hereby withdraw/resign a	3 4	, SE
authorized me			-	
· · · · · · · · · · · · · · · · · · ·	(Print Title)			
resignation in wr		ne limited liability company has l	been notified o	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			