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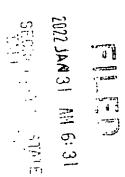
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Special Instructions to Filing Officer:

Office Use Only



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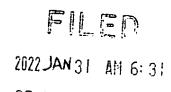


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COVER LETTER

	_	tration Section				
Ì	Divis	ion of Corporations				
SUBJE	CT:	AMERICAN TOWING OF MIAN				
		(Name of Limited Liability Company)				
The enc	losed	member, resignation or disso	ciati	on and fee(s	a) are submitted for filing.	
Please r	eturn	all correspondence concerning	g thi	s matter to:		
Jose R G	arcia					
		(Contact Person)			-	
		(Firm/Company)			-	
2246 NW	/ 25 A	ve				
		(Address)			-	
Miami, F	L 331	42				
		(City/State and Zip Code)			-	
For furtl	her in	formation concerning this ma	itter,	please call:		
Jose R Ga	arcia		а	305 r (4967886 _) & Daytime Telephone Number)	
	(Na	ame of Contact Person)	— "	(Area Code	& Daytime Telephone Number)	
Enclose	d ple	ase find a check made payable	to t	he Florida D	Department of State for:	
≡ \$25 I	Filing	Fee	[□ \$55 Filing	g Fee & Certified Copy	
,	Mailin	g Address:			Street Address:	
_		tration Section			Registration Section	
		ion of Corporations			Division of Corporations	
		3ox 6327			The Centre of Tallahassee	
-	Tallal	nassee, FL 32314			2415 N. Monroe Street, Suite 810	
					Tallahassee, FL 32303	





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 Florida document/registration numbe	er assigned to this limited liability company is:
L15000123200	
The date this member/manager withdrew/	/resigned or will withdraw/resign is:
Elizabeth Carriel	
(Print Name of Person Resigning)	<u> </u>
MGR	
(Print Title)	_;
resignation in writing.	n the limited liability company has been notified of my

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)