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| Certified Copies | _ Certificates of | Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|----------|---|--------------------|---|
| | Division or corporations | | |
| SUBJ | 3B Automotive, LLC | | |
| | (Name of Li | mited Liability Co | mpany) |
| The en | nclosed member, resignation or disso | ciation and fee(| s) are submitted for filing. |
| Please | e return all correspondence concerning | g this matter to: | |
| Paul . | A. Caillaud, Esq. | | |
| | (Contact Person) | | - |
| Law (| Offices of Paul A. Caillaud | | |
| | (Firm/Company) | | _ |
| 2803 | East Commercial Boulevard | | |
| | (Address) | | _ |
| Fort L | _auderdale, Florida 33308 | | |
| | (City/State and Zip Code) | <u></u> | _ |
| For fu | orther information concerning this mat | ter, please call: | |
| Paul | Caillaud | 954 at (| 3688700 |
| | (Name of Contact Person) | | & Daytime Telephone Number) |
| | sed please find a check made payable 5 Filing Fee | | Department of State for: g Fee & Certified Copy |
| | CET/COURIER ADDRESS: | | MAILING ADDRESS: |
| _ | tration Section | | Registration Section |
| | on of Corporations | | Division of Corporations |
| | n Building | | P.O. Box 6327 |
| | Executive Center Circle hassee, Florida 32301 | | Tallahassee, Florida 32314 |
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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)

| 1. The name of the | limited liability company as | it appears on the records of the | e Florida Department |
|---|------------------------------|-----------------------------------|----------------------|
| of State is: 3B A | Automotive, LLC | | · |
| 2. The Florida docu | ument/registration number as | ssigned to this limited liability | company is: |
| L15000135556 | 6 | | TAC |
| | _ | igned or will withdraw/resign i | s: 04/232018 A |
| 4. I, Howard Horo | OWITZ | , hereby withdraw/resign | as a |
| (Print N MGRMr | ame of Person Resigning) | | as a CFLORIDE |
| | (Print Title) | | 35 |
| of this limited lial resignation in wri | | e limited liability company has | been notified of my |
| Signature of Di | ssociating Member or Resig | ning Manager | |
| _ | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |