## LIS 000 178098

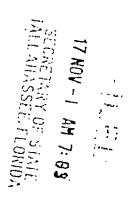
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## **COVER LETTER**

Registration Section TO: Division of Corporations L.L. TOWING 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: LILIANA LEYVA (Contact Person) L.L. TOWING LLC (Firm/Company) 1888 NW 27TH ST (Address) MIAMI, FL 33142 (City/State and Zip Code) For further information concerning this matter, please call: LILIANA LEYVA (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 MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

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 l	ability company as it appears on the records of the Florida Department
of State is: L.L. TOWING	G LLC
2. The Florida document/reg	sistration number assigned to this limited liability company is:
3. The date this member/ma	nager withdrew/resigned or will withdraw/resign is:
4. 1, WILFREDO R LEYV	, hereby withdraw/resign as a son Resigning)
MGR	son kesigning)
(Print Title	<del></del> .
of this limited liability con resignation in writing.	npany and affirm the limited liability company has been notified of my
Whip Leeper	
Signature of Dissociating	g Member or Resigning Manager
Filing Fee: \$25.0 Certified Copy: \$30.0	0 (Required) 0 (Optional)