L15000211337

(Re	questor's Name)					
(Address)						
(Address)						
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate:	s of Status				
Special Instructions to Filing Officer:						

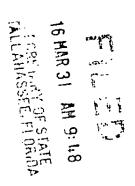
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Diss of Mem



APR -1 2016 N. CAUSSEAUX

COVER LETTER

Tallahassee, Florida 32301

CR2E079 (2/14)

TO: Registration Section Division of Corporations						
SUBJECT: DT Auto Solutions LLC (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:						
Peter A. Disalvo (Contact Person)						
Disalvo and Company PA (Firm/Company)	*					
1945 20th Street						
Vero Beach, F2 32960 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Peter A Di Salvo at (772) 770-6008 (Name of Contact Person) (Area Code & Daytime Telephone Num	ber)					
Englosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	4					
2661 Executive Center Circle Tallahassee, Florida 3231	4					



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 compa	iny as it app	ears on the n	ecords of the Florida Department
of State is:	OT Auto	Solut	tions	LLC
2. The Florida docu	ment/registration num	her assigned	i to this limi	ted liability company is:
_L1500	00211337	<u></u> .		
3. The date this mea	mber manager withdre	w/resigned	or will withd	hav/resign is:////
4. 1. 1/avid 3	une of Person Resigning	<u>,</u>	hereby with	draw/resign as a
Member	(Print Tule)	<u></u> .		
	bility company and affi	irm the limit	ted liability o	company has been notified of my
X				
Signature of Di	ssociating Viciniaer or	Resigning N	Ianage r	
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			