L10000033724

(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:

Office Use Only



800320745388

12/03/18--01028--029 **25.00



COVER LETTER

Division of Corporations

SUBJECT: US AUTO BODY SUPPLIES LLC

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

EPIMENIDES PEREIRA
(Contact Person)

US AUTO BODY SUPPLIES LLC
(Firm/Company)

385 NW 135 Street
(Address)

North MIAM FL 33168
(City/State and Zip Code)

BEC-3 PIN

For further information concerning this matter, please call:

ElimeNides Pereira at (305) 834-1035
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Englosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

TO:

Registration Section



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 Florida Department
of State is: US AUTO BODY SUPPLIES LLC
2. The Florida document/registration number assigned to this limited liability company is:
L16000033724
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. 1. Rogerio Faria Ramos, hereby withdraw/resign as a Print Name of Person Resigning)
(Prim Tide)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
- Raus
Signature of Dissociating Member or Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)