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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability Cor	MANS MAN (MAN)
The enclosed member, resignation or dissociation and fee(s	a) are submitted for filing.
Please return all correspondence concerning this matter to:	
Clenn Porchetta (Contact Person)	_
(Firm/Company)  2150 Mears Pull  (Address)  (Address)	- {
(City/State and Zip Code)	
For further information concerning this matter, please call:	_
(Name of Contact Person) at (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$2.\$25 Filing Fee	Department of State for:  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)



## 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: DONE POLIGHT Transmission Factory LLC	
2. The Florida document/registration number assigned to this limited liability company is:	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	)
4. I, Jame of Person Resigning), hereby withdraw/resign as a	
Morocov (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Signature of Dissociating/Member or Resigning Manager	, <del>-</del>
Filing Eee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	