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SECRETARY OF STATE

UUL 20 2013 O.BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BLACK DIAMOND CAR L	
(Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and fee((s) are submitted for filing.
Please return all correspondence concerning this matter to	:
13MAEL PEREZ	
(Contact Person)	_
	_
(Firm/Company)	
5425 CALLA LILY CT (Address)	<u> </u>
(Address)	
	Ze 2
KISSIMMEE FL 34758 (City/State and Zip Code)	— · · · · · · · · · · · · · · · · · · ·
(City/State and Zip Code)	50 -
For further information concerning this matter, please call	ZIIIS JUL 19 D SECRETARY DE L
ISMAEL PEREZ at 407) 545.0909 N
(Name of Contact Person) at (407) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	
STREET/COURIER ADDRESS:	MAILING 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 liability company as	s it appears	on the records	of the Flori	ida Departme	nt
of State is:	LACK DIAMOND	CAR	LLC.			
2. The Florida docu	ıment/registration number a	ssigned to	this limited liab	oility compa	any is:	
L 16000	072575	 ,				
3. The date this me	mber/manager withdrew/res	signed or v	vill withdraw/re	sign is:	1/12/16	_
4. I, EDGAQ (Print N	J · CARRION NAU ame of Person Resigning)	EGO, her	eby withdraw/re	esign as a		
MGR	(Print Title)					
of this limited lial resignation in wri	bility company and affirm th	ne limited	liability compan	ny has been		y
Edge	ssociating Member or Resig	gning Man	ager		ALLAHASSELLE STURETARY OF I	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)				2: 25 Constant	