## L16000173387

(Re	equestor's Name)	
. (Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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## **COVER LETTER**

Division of Corporations
SUBJECT: Tucker Motor Company 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:
William L. Tucker (Contact Person)
Tocker Motor Company LLC
114 Edge Rive (Address)
Niceville, FL 32578 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (850) 279-3425 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\text{\$\subset}}\$\$ \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301

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 lin	nited liability company as it appears on the records of the Florida Department
of State is:	Ucker Motor Company LLC.
2. The Florida docum	ent/registration number assigned to this limited liability company is:
	00173387 FE 5
3. The date this mem	per/manager withdrew/resigned or will withdraw/resign is: 1970
4. I,	he of Person Resigning), hereby withdraw/resign as a
Mag	int Title)
of this limited liabil resignation in writing	ity company and affirm the limited liability company has been notified of my
( Q	Saldad .
Signature of Diss	ociating Member or Resigning Manager
Filing Fec: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)