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	(Requestor's Name)				
(Address)					
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·	(City/State/Zip/Phone #)				
	(,				
PICK-U	P WAIT MAIL				
<u> </u>	(Business Entity Name)				
	(Document Number)				
Certified Copies Certificates of Status					
Consideration to Filips Officer					
Special Instructions to Filing Officer:					
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## **COVER LETTER**

TO:	_	stration Section sion of Corporations				
CI (D II	JECT:	SOUTH FLORIDA USED AUTO PARTS LLC.				
50130		(Name of Limited Liability Company)				
The e	nclosec	d member, resignation or dissoc	ciation and fee(s	are submitted for filing.		
Please	e retum	all correspondence concerning	g this matter to:			
HILD	A M. N	MATUTE				
		(Contact Person)		-		
SOU	TH FL	ORIDA USED AUTO PART	S LLC.			
	<u>.</u>	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	-		
1287	'5 ALE	XANDRIA DR.				
		(Address)		-		
OPA	LOCK	A, FL. 33054				
<del></del>		(City/State and Zip Code)	<u>.</u>	-		
For fi	irther ii	nformation concerning this mat	ter, please call:			
HILD	)A M. N	MATUTE	786	246-9639		
-	(N	lame of Contact Person)		& Daytime Telephone Number)		
	osed ple 5 Filing	ease find a check made payable g Fee		Department of State for: Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
_	Registration Section			Registration Section		
Division of Corporations Clifton Building			Division of Corporations P.O. Box 6327			
	Clifton Building 2661 Executive Center Circle		Tallahassee, Florida 32314			
		Florida 32301		Tanangoto, Figure 747 t 1		

CR2E079 (2/14)



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

		ppears on the records of the Florida Department
		ned to this limited liability company is:
	mber/manager withdrew/resigne	ed or will withdraw/resign is:
4. I,	ame of Person Resigning)	, hereby withdraw/resign as a
of this limited liab	Lugs or m	mited liability company has been notified of my
Signature of Di Filing Fee: Certified Copy:	\$25,00 (Required) \$30,00 (Optional)	g Manager