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COVER LETTER

	Registration Section Division of Corporations					
SUBJEC						
	(Name of Limited I	Liability Com	ipany)			
The encl	osed member, resignation or dissociation	and fee(s)	are submitted for filing.			
Please re	eturn all correspondence concerning this	matter to:				
SARBJI	EET KAUR					
	(Contact Person)		•			
MOBIL	FUELS LLC					
	(Firm/Company)		-			
446 N F	HIGHLAND STREET					
	(Address)					
MOUNT	T DORA, FL 32757					
	(City/State and Zip Code)		-			
For further information concerning this matter, please call:						
SARBJ	EET KAUR	845	489-7192			
			& Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \text{\$\text{\$\text{25}\$ Filing Fee} & Certified Copy}}\$						
Registra Division Clifton I 2661 Ex	T/COURIER ADDRESS: tion Section of Corporations Building secutive Center Circle see, 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)

	limited liability company as		ords of the Florida Department	
2. The Florida docu L1700000226	iment/registration number as	ssigned to this limited	l liability company is:	
3. The date this me	mber/manager withdrew/res	igned or will withdra	w/resign is:	
4. I, SURINDER SINGH (Print Name of Person Resigning), hereby withdraw/resign as a				
(Print N AMBR	ame of Person Resigning)			
	(Print Title)			
resignation in wr			mpany has been notified of my	
Ü			**: =	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILED MI JAN-9 P W S ENETARY OF STATE Che TARSEE FLORE	