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J. HARRIE

## **COVER LETTER**

stration Section		
sion of Corporations		
MAK TIRE CENTER 3 LI	_C	
	Limited Liability Co	mpany)
d member, resignation or dis-	sociation and fee(	s) are submitted for filing.
all correspondence concern	ing this matter to:	
GUERREIRO		
(Contact Person)		<del>_</del>
(Firm/Company)		_
RD RD		
(Address)		<del></del>
/FLORIDA/34786		
(City/State and Zip Code)		_
nformation concerning this n	natter, please call	
GUERREIRO	407	7312628
Jame of Contact Person)	(Area Cod	e & Daytime Telephone Number)
ease find a check made payab g Fee	ole to the Florida l \$55 Filin	Department of State for: g Fee & Certified Copy
OURIER ADDRESS:		MAILING ADDRESS:
		Registration Section Division of Corporations
ding		P.O. Box 6327
tive Center Circle		Tallahassee, Florida 32314
	MAK TIRE CENTER 3 LI  (Name of dimember, resignation or disconsisted and correspondence concerns of GUERREIRO  (Contact Person)  (Firm/Company)  RD RD  (Address)  (FLORIDA/34786  (City/State and Zip Code)  Information concerning this in the GUERREIRO  Fame of Contact Person)  Passe find a check made payable of Fee  OURIER ADDRESS: Section Corporations ding live Center Circle	MAK TIRE CENTER 3 LLC  (Name of Limited Liability Co d member, resignation or dissociation and fee) all correspondence concerning this matter to: GUERREIRO  (Contact Person)  (Firm/Company)  RD RD  (Address)  //FLORIDA/34786  (City/State and Zip Code) Information concerning this matter, please call: GUERREIRO  at (Area Cod dame of Contact Person)  (Area Cod case find a check made payable to the Florida 1 ag Fee  OURIER ADDRESS: Section Corporations ding

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 li	mitad liahility aamma	any ag it annears on th	o records of the Fla	mida Damantmant
1. The name of the m	mited madmity compa	any as it appears on the	e records of the rior	паа Берагинени
of State is:	OKTIRE.	CENTER 3	110	
2. The Florida docum	nent/registration num	nber assigned to this li	mited liability comp	oany is:
L 17 000	0048810	<del></del> .		
3. The date this mem	ber/manager withdre	ew/resigned or will wit	thdraw/resign is: <u>/</u>	14/01/2017
4.1, MARCE	O GUC-RR ne of Person Resigning)	<i>C/NO</i> , hereby wi	thdraw/resign as a	
MANA (P)	's GR   PAR! rint Title)	NER		·
of this limited liabil resignation in writing		îrm the limited liabilit	y company has beer	notified of my
May	1 Jun			
Signature of Diss	ociating Member or	Resigning Manager		2017 AUG
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			-7
40k).	and the comment			