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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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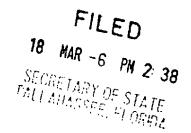
K SALY MAR - 7 2018

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	30A Can Selvice. (Name of Limited Liability Con	
The enclosed mem	ber, resignation or dissociation and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to	
Milli	AM M. SCHWANNT (Contact Person)	-
301	A CAN SENVICE (CC	-
2928 HA	Address)	_
Panan	14 City FC 32403 (City/State and Zip Code)	<u>5</u>
For further informa	ation concerning this matter, please call:	
William Me (Name of	f Contact Person) at (850) (Area Code	#\$1-5942 & Daytime Telephone Number)
Enclosed please fir 2 \$25 Filing Fee	nd a check made payable to the Florida I. □ \$55 Filing	Department of State for: g Fee & Certified Copy
STREET/COURI Registration Section Division of Corporal Clifton Building 2661 Executive Courallahassee, Florid	on rations enter Circle	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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	30 A CAR SERVICE LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
EIN	82-1453553
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 31 Dec 2017
	viy K, Myllin . hereby withdraw/resign as a Name of Person Resigning)
ne	Mber (Print Title)
of this limited lia resignation in wr	ibility company and affirm the limited liability company has been notified of my riting.
	Lly Lay Mullan' issociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)