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COVER LETTER

Division of Corporations			
SUBJECT: Superior Street Auto Group (Name of Limited Liability Company)			
(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:			
Sanchez Hughley (Contact Person)			
Superior Street Auto Group LLC (Firm/Company)			
3267 Saint Anne's Drive			
Boca Raton, FL 33496 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Sanchez Hughley at (561) 409-8830 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$\sigma \\$25 \text{ Filing Fee} \square \\$55 \text{ Filing Fee & Certified Copy}			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314			
4001 Encours Center Circle 1 analiassee, Fibrida 32314			

CR2E079 (2/14)

Tallahassee, Florida 32301



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: <u>Su</u>	perior Street Auto Group UC.	
2. The Florida docu	ument/registration number assigned to this limited liability company is:	
L1700	0118668 Ex 3	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	- ;
4. I, <u>Todd</u> (Print N	A sternule of Person Resigning), hereby withdraw/resign as a second seco	, ·
Viu	Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.	
Signature of Di	speciating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	