L17 000 138461

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(C)
(Document Number)
Certified Copies Certificates of Status
200.
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Lex's Auto Shop LLC (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:			
Varonica J Jarnutowski			
Lexis Auto Shop, LLC (Firm/Company)			
9910 E. U.S. Hwy 92 (Address)			
Tampa 71 336/0 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy			

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, 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)

	e limited liability company as it appears on the records of the Florida D	epartment
	cument/registration number assigned to this limited liability company is	s:
	00138461	ı
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	/17
4. I. Lenny	Name of Person Resigning). hereby withdraw/resign as a	
	grint Title)	
of this limited lial resignation in wr	ability company and affirm the limited liability company has been notified.	fied of my
Signature of Di	issociating Member or Resigning Manager	1
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	
Cerunica Copy.	aroloo (Optional)	