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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

CR2E079 (2/14)

SUBJECT: FAM AUTO SERVICE	LLC
(Name of Limited Liability Con	ipany)
The enclosed member, resignation or dissociation and fee(s	) are submitted for filing.
Please return all correspondence concerning this matter to:	
Jero V. Brown (Contact Person)	_
FAM Auto SERVICE LLC	<u>-</u>
2805 Ave, I	-
Fort Pierce, FL 34947 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Jero V. Brown at (772 (Name of Contact Person) (Area Code	) 878 - 5732 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for: 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



## 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	e limited liabilit	y company as it a	appears on the records	of the Florid	da Depa	rtmei	nt
of State is:	FAM	AUTO	SERVICE	LLC			<u>-</u> •
2. The Florida doc	:ument/registrat	ion number assig	ned to this limited lial	bility compa	ny is:		
L1700	001646	72	·				
3. The date this mo	ember/manager	withdrew/resign	ed or will withdraw/re	esign is: <u>//</u>	/15,	11	7
4.1. Jerry	Bas Bre Name of Person Re	own signing)	, hereby withdraw/r	esign as a			
Manag	Print Title)	GR)					
of this limited lie resignation in w		and affirm the li	mited liability compar	ny has been i	notified	of m	У
Aerri	1. Brow	wn					
Signature of [	bissociating Mer	nber or Resignin	g Manager	•	ALLA ALLA	17	
Filing Fee: Certified Copy:	\$25.00 (Re \$30.00 (Op	•			HASSET E	10V 20 A	FILED
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