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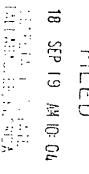
(Re	equestor's Name)			
(Ad	ldress)			
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(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divis	sion of Corporations		
SUBJECT:	LY COMPLETE AUTO REF	PAIRS, LLC	
	(Name of Li	nited Liability C	Company)
The enclosed	I member, resignation or dissoc	ciation and fee	e(s) are submitted for filing.
Please return	all correspondence concerning	g this matter to	o:
	FELIX LARA PARRENO		
	(Contact Person)		_ _
LY CC	MPLETE AUTO REPAIRS,	LLC	
	(Firm/Company)	-	_ _
•	1815 SNUG HARBOR PL.		
	(Address)	-	
	SARASOTA, FL 34234		
	(City/State and Zip Code)		
For further in	nformation concerning this mat	ter, please cal	I:
FELIX LAR	A PARRENO	941 at (536 5756
(N	ame of Contact Person)	_ \	de & Daytime Telephone Number)
Enclosed ple \$25 Filing	ase find a check made payable g Fee		Department of State for: ng Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
Division of C	•		Division of Corporations
Clifton Build	ung ive Center Circle		P.O. Box 6327
	Florida 32301		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)

	COMPLETE AUTO REPAIRS, LLC	e Florida Department	
2. The Florida doc	cument/registration number assigned to this limited liability	company is:	
3. The date this me	nember/manager withdrew/resigned or will withdraw/resign i	s:	
BRALILIO Y	/FNS		
4. 1,	Name of Person Resigning) , hereby withdraw/resign	_, hereby withdraw/resign as a	
MGRM			
	(Print Title)		
of this limited lia resignation in wi	iability company and affirm the limited liability company has writing.	been notified of my	
	Br. 1. Cy. 5		
Signature of D	Dissociating Member or Resigning Manager		
₹	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		