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BIVISION OF CORPORATION
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COVER LETTER

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то:	Registration Section Division of Corporations				
SUBJI	ECT:				
		Name of Limited Liability Company			
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
ANG	ELA BEDARD				
	Name of Person				
LAKE	E AUTO LLC				
	Firm/Company				
1805	CITRUS BLVD				
	Address		_		
LEES	SBURG FL 34748				
	City/State and Zip Code				
LAKE	EAUTO441@GMAIL.COM				
Ē	-mail address: (to be used for future ann	ual report noti	fication)		
For fur	rther information concerning this matter.	please call:			
ANGE	ELA BEDARD	352	530-3931/ 352-323-8929		
	Name of Person	 \-	Area Code & Daytime Telephone Number		
	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			
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		
INHST	8 (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)

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)