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## COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations		
SUBJECT: AUTO SOLUTION EXPRES	S LLC	
	ited Liability Co	ompany)
The enclosed member, resignation or dissociation	ation and fee(	s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
JOSE ROMAN		
(Contact Person)		_
AUTO SOLUTION EXPRESS LLC		
(Fum Company)		_
7525 NW 37TH AVE BAY E		
(Address)		_
MIAMI.FL 33147		
(City State and Zip Code)		
For further information concerning this matte	r, please call:	
JOSE ROMAN	305	901-9695
(Name of Contact Person)		: & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee		Department of State for: g 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)

	: limited liability company as		the Florida Department
L1800004607	ument/registration number a		ity company is:
3 The date this me	ember/manager withdrew/res	igned or will withdraw/resig	
	(Prin: Title) bility company and affirm thiting.	e limited liability company	has been notified of my
Filing Fee:	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager	ZOI9 APR - I PH 5: