48000 175398

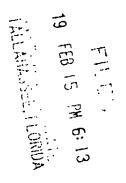
(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:	BREVARD		<u> </u>	
	(Nan	re of Limit	ed Liability Company)	
The enclosed memb	er, resignation or	dissocia	tion and fee(s) are sub	omitted for filing.
Please return all cor	respondence cond	cerning th	nis matter to:	
CHRISTO	PHER L. F (Contact Person)	PERKO	·	
BREVARD	AUTO PAI	NT, L	.LC	
327 N	(Address)	BLVD		
COCOA	FL 3291 (City/State and Zip Cod	22 de)		
For further information	tion concerning th	nis matte	r, please call:	
CHRISTOPHER	2 PERKO Contact Person)		at (321) 63	St - 1834 mc Telephone Number)
·			the Florida Departme S55 Filing Fee & 0	ent of State for:
STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ntions nter Circle		Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 assec. 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)

1. The name of the	limited liability compa	ny as it appo	ears on the rec	ords of the	Florida D	epartn	nent
of State is:	BREVARD	AUTO	PAINT	LLC			
2. The Florida doci	ument/registration num	ber assigned	to this limite	d liability co	ompany is		
L18000	175398	·					
3. The date this me	ember/manager withdre	w/resigned o	r will withdra	iw/resign is:	<u> </u>	7 <u>- Z</u>	019
4. 1. ETT	HOMSON [ame of Person Resigning]	}	nereby withdr	aw/resign as	s a		
AMB	(Print Title)	·					
of this limited lia resignation in wr	bility company and affi	rm the limit	ed liability co	mpany has t	oeen notif	ied of	my
Keeth .	Thomason				TALLAH	19 FEE	
Signature of Di	issociating Member or	Resigning M	anager		ALLAHASSEE, FLORI) 15	 -
	\$25.00 (Required) \$30.00 (Optional)				1081 11081	_ €: ₹	