119000 131 268

(Requestor's Name)
(Address)
(Address)
(0) (0) (7) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800331400808

19 JUL 11 PHI2: 09

redmen do cail

JUL 197 2019

COVER LETTER

Division of Corporations		
SUBJECT: 1st Priority Auto Sales	LLC	
	of Limited Liability Cor	npany)
The enclosed member, resignation or d	issociation and fee(s	s) are submitted for filing.
Please return all correspondence concer	ming this matter to:	
Stephanie Jenkins		
(Contact Person)	<u> </u>	-
1st Priority Auto Sales LLC		
(Firm/Company)		-
3960 SE Lake Weir Ave		1
(Address)		-
Ocala FI 34471		- - - -
(City/State and Zip Code)		ـ
For further information concerning this	matter, please call:	
Stephanie Jenkins	352	352-804-4538
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made paya		
\$25 Filing Fee	□ \$55 Filing	Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327

19 JUI 11 PM 12: 00

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



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 liability company as it appear	rs on the records of the Florida	Department
of State is:	Priority Auto Sales LLC		· .
2. The Florida doc L190001312	ument/registration number assigned to	o this limited liability company	is: 19 JUL 1
4. I, <u>Jamell</u> Jeni	ember/manager withdrew/resigned or tins, he Vame of Person Resigning)	will withdraw/resign is: 06/27	1 PH 12: 09
Manager			SHS
	(Print Title)		
of this limited lia resignation in w	bility company and affirm the limited iting.	liability company has been not	ified of my
Signature of D	issociating Member or Resigning Mar	падет	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Ontional)		
cerunea Coby:	ふついいい (しかいのかい)		