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(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		





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COVER LETTER

TO: Registration Section
Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT:	American Performance Garag	9
	(Name of Limited Liability Com	pany)
The enclosed member, resign	ation or dissociation and fee(s) are submitted for filing.
Please return all corresponder	nce concerning this matter to:	
Jason Dev	reer	
(Contact	Person)	-
American	Performance Garage	
(Firm/Co	empany)	-
10670 sher	rouse road	_
(Addro	ess)	
. 1	akeland FL 33810	_
(City/State at	nd Zip Code)	
For further information conce	erning this matter, please call:	
Jason deveer	at (1)6608226
(Name of Contact Pe		& Daytime Telephone Number)
Enclosed please find a check \$25 Filing Fee	made payable to the Florida D □ \$55 Filing	epartment of State for: Fee & Certified Copy
STREET/COURIER ADDI Registration Section Division of Corporations	RESS:	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle	•	Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the l	imited liability company as	it appears on the records of the Florida Department
of State is:	American Performance Ga	rage LLC
2. The Florida docur	nent/registration number as:	signed to this limited liability company is:
L190001	78945	
3. The date this men	nber/manager withdrew/resi	gned or will withdraw/resign is: 08 01 2019
		, hereby withdraw/resign as a
(Print Na	me of Person Resigning)	
	CFO	
0	Print Title)	
of this limited liab resignation in writ		e limited liability company has been notified of my
Lonya	Staffard sociating Member or Resign	
Signature of Dis	sociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	