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

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APR 14 2020 S. YOUNG

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ATW Custom Auto LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Aaron Bruce (Contact Person)
ATW Custom Auto LLC (Firm/Company)
8549 Ashland AVE
Pensa Cola FL 32534 (City/State and Zip Code)
For further information concerning this matter, please call:
Aron Bruce at (850) 426-616 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum{9}\$ \$25 Filing Fee \$\sum{9}\$ \$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 company as	it appears on the records	of the Florida Department
of State is: A	TW Custom	Auto LLC	.
2. The Florida docu	iment/registration number as	ssigned to this limited liab	pility company is:
L190	00197434	<u>L</u> .	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/re	sign is: <u>03/27/7</u> 020
4. I, Aaron (Print N	Bruce ame of Person Resigning)	, hereby withdraw/re	esign as a
MG.	(Print Title)	•	
of this limited lial resignation in wr	bility company and affirm thiting.	ne limited liability compar	ny has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager	202
Filing Fee:	•		020 APR -
Certified Copy:	\$30.00 (Optional)		SSECOND A