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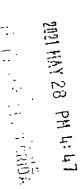
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER a

TO: Registration Section Division of Corporations
SUBJECT: Kosher Car Wash, 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:
DAUID MIZRACHI (Contact Person)
Mosher Car Witsh, LLC (Firm/Company)
(Firm/Company)
600 N.E. 14 AUENUE #514
HALLANDALC BEACH FL 33009 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (917) 716-3223 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing 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

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 th	e limited liability company as it appears on the	e records of the	e Florida Dona-	
of State is:	KOSHER CAR WASH, WAR		. Piorida Depar	tment
2. The Florida doc	cument/registration number assigned to this lin		company is:	•
_ h2	00000 93732			
3. The date this me 4. I, SHAL S	ember/manager withdrew/resigned or will with HAMOEL OV, hereby with Name of Person Resigning)	hdraw/resign is hdraw/resign a	is a $\frac{0.5/2.3/2}{2}$	1_
	MGR. (Print Title)			
of this limited lia resignation in wr	bility company and affirm the limited liability iting.	company has l	, r	-3
0		Š	. (T) ::	not hay 2
Signature of Di	ssociating Member or Resigning Manager		C	\mathfrak{D}
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	•		D