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COVER LETTER

Division of Corporations	
SUBJECT: PROLINE AUTOTECH (Name of Limited Liability Cor	LLC mpany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filling.
Please return all correspondence concerning this matter to:	
LUZ A DSORIO (Contact Person)	-
(Firm/Company)	_
4895 NW 55TA PLACE (Address)	-
TAMARAL, FL 33319 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
LUZ A OSOBIO at (754 (Name of Contact Person) (Area Code) 245 - 6335 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$55 Filing	Pepartment of State for: Fee & Certified Copy
Established Programme Prog	Street Address: Registration Section Division of Corporations The Centre of Talianassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

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 limited liability company as it appears on the records of the Fl	orida De	partme	ent
of State is: PROLINE AUTUTECH LLC			
2. The Florida document/registration number assigned to this limited liability com-	ipany is:		
L20000125888	,	,	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\underline{\underline{\zeta}}$	<u>)5/0</u>	i /2	<u>2</u> 0
4.1. (Print Name of Person Resigning), hereby withdraw/resign as a	,	/	
MANAGER / TITLE AR	7.7	2020	
(Print Title) of this limited liability company and affirm the limited liability company has bee resignation in writing.	n notifie	.d of m	ly
lus A Cono	i i i i i i	P	
Signature of Dissociating Member or Resigning Manager	न्तिः	 S	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)			