Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PRIME ACCOUNTING & CONSULTANCY LLC

Account Number : I20180000090 Phone : (407)232-6777 Fax Number : (407)710-0533

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAR EXPERTS ORLANDO LLC

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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 of State is: CAR EXPERTS ORLANDO LLC | | artment JUN 28 |
|---|---|----------------|
| 2. The Florida document/registration number as L20000152707 | signed to this limited liability company is: | P |
| 3. The date this member/manager withdrew/resi | igned or will withdraw/resign is: | 1: 52 |
| 4. 1, BLUE ORCHID CAPITAL LLC (Print Name of Person Resigning) | | |
| AMBR | | |
| (Print Title) | | |
| of this limited liability company and affirm the resignation in writing. | e limited liability company has been notified | i of my |
| Isl Andre win Fernandes | | |
| Signature of Dissociating Member or Resign | ning Manager | |