## 120000296667

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

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## **COVER LETTER**

_	stration Section sion of Corporations			
SUBJECT:	North Florida Towing & Recove	ery		
	(Name of Limited Liability Company)			
The enclosed	I member, resignation or dis	ssociation and fee	(s) are submitted for filing.	
Please return	all correspondence concerr	ning this matter to	x:	
Ralph McGuife	ey III			
	(Contact Person)	·	_	
North Florida 1	lowing & Recovery			
	(Firm/Company)			
2800 Cavan Dr	ive			
	(Address)	<u>.</u>	_	
Tallahassee, FL	. 32309			
<del></del>	(City/State and Zip Code)		_	
For further in	formation concerning this r	matter, please call	:	
Ralph McGuffe	·y	850 at (	264-6982	
(Na	ame of Contact Person)		e & Daytime Telephone Number)	
Enclosed plea	ase find a check made payat	ble to the Florida	Department of State for:	
■ \$25 Filing			ig Fee & Certified Copy	
9.4 - 212	- Add			
	g Address: tration Section		Street Address: Registration Section	
	on of Corporations		Division of Corporations	
	3ox 6327		The Centre of Tallahassee	
Tallah	nassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



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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)

	th Florida Towing & Recovery LLC
	cument/registration number assigned to this limited liability company is:
Daharah D.M.	Guffey, hereby withdraw/resign as a Name of Person Resigning)
Manager	(Print Title)
resignation in w	ability company and affirm the limited liability company has been notified of my riting.
<del></del>	Dissociating Member or Resigning Janager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)