(Requestor's	Name)			
(Address)				
(Address)				
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(City/State/Zij	prenone #)			
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## **COVER LETTER**

Division of Corporations		
SUBJECT: ALL WHEEL (Name of Limited Liability Compar	DRIVE	LLC
The enclosed member, resignation or dissociation and fee(s) are	[] re submitted for fi	ling.
Please return all correspondence concerning this matter to:		
ABDULLAH ABUMAZ	LEN	
22357 SW 664 AVE		
APT 1309 (Address)		
BOCA ROTON FL. 334	28	
For further information concerning this matter, please call:		
(Name of Contact Person)  (Name of Contact Person)  (Area Code & I	UUQ \(\(\frac{\chi}{\chi}\)	S \S
Englosed please find a check made payable to the Florida Depa	11	or:
Registration Section Re Division of Corporations Division of Corporations P.O. Box 6327 Th Tallahassee, FL 32314 24	eet Address: gistration Section vision of Corporat e Centre of Tallah 15 N. Monroe Stra llahassee, FL 3230	tions hassee eet, Suite 810

CR2E079 (2/14)

**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)

	limited liability company as it appe		l Florida Department – l
of State is:	ALL WHEEL	DRIVE	LLC
2. The Florida docu		to this limited liability e	    mpany is:
123	0000125261		
3. The date this me	mber/manager withdrew/resigned o	or will withdraw/resign is	APRIL 17th 2
4. I, \(\sum_{\text{A}} \sum_{\text{(Print N)}}\)	NE JAA(100 BL , 1 ame of Person Resigning)	nereby withdraw/resign a	s a
-MG	(Print Title)		
of this limited liab resignation in wri	pility company and affirm the limite	ed liability company has t	een notified of my
	7		
Signature of Di	ssociating Member or Resigning M	anager	
Filing Fee:	\$25.00 (Required)		7.3
Certified Copy:	\$30.00 (Optional)		[] (2a