

L99000001555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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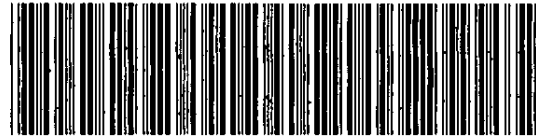
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. C. G. JUL 17 2008

HOWZE, MONAGHAN THERIAC & KRAMER, PLC

Attorneys at Law

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Mary K. Hartney, L.A.

96 Willard St., Ste. 302

Cocoa, FL. 32922

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mattmonaghan75@hotmail.com

July 14, 2008

Registration Section
Division of Corp.,
PO Box 6327
Tallahassee, FL 32314

RE: Resignation on multiple entities

Dear Sir/Madam:

Enclosed is our firm's check #2580 in the amount of \$85.00 in payment for the following entities:

1. Affiliated Car Rental, L.C. (Doc. #L99000001555) resignation of Robert W. Williams Cost \$25.00.
2. Thompson, Bostrom & Associates, L.C. (Doc #L99000001519) resignation of Robert W. Williams Cost \$25.00.
3. Williams and Stazzone Insurance Agency, Inc. (Doc #P95000077880) resignation of Robert W. Williams Cost \$35.00

If you should have any questions, please call at the phone number and extension listed above.

Thank you so much for your help.

Sincerely,



Mary K. Hartney,
Asst. to Matthew J. Monaghan

Enc: Paperwork for Items listed above in #1,2, and 3. Firm Check #2580

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AFFILIATED CAR. RENTAL, L.C.
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MATTHEW J. MONAGHAN
(Contact Person)

HOWZE, MONAGHAN, THORAC : KRAMER, P.C.
(Firm/Company)

96 WILLARD ST., STE 302
(Address)

COCOA, FL 32922
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY K. HARMON at (321) 639-1320 EXT 247
(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

☐ \$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



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: AFFILIATED CAR RENTAL, L.C.

2. This limited liability company was organized under the laws of:

FLORIDA

3. The Florida document/registration number of this limited liability company is:

LP9000001555

4. I, ROBERT W. WILLIAMS, hereby resign as a MANAGER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

SEE ATTACHED NOTARIZED CLOSING DOCUMENT

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

OFFICIAL RESIGNATION AS MEMBER AND MANAGER

EFFECTIVE as of JUNE 26, 2008, I, ROBERT W. WILLIAMS, hereby officially resign as a member and manager of Affiliated Car Rental, L.C. , a Florida limited liability company (Document #L99000001555), such that I shall no longer have any power or authority of any kind as to the company's affairs.



Robert W. Williams

ORIGINAL
IN
CORP
BOOK

STATE OF
COUNTY OF

The foregoing instrument was acknowledged before me this 26th day of JUNE, 2008, by Robert W. Williams, who is personally known to me, and who did not take an oath.


NOTARY PUBLIC

