44000028646

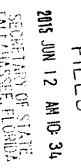
(Re	equestor's Name)			
(Ad	dress)	_		
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Your Car Buyer Negotiator, LLC	
Name of Limited Lia	bility Company
DOCUMENT NUMBER: L14000028646	
The enclosed Resignation of Registered Agent for a Linfor filing.	nited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the following:
Augusto C. Torres	
Name of Person	
Your Car Buyer Negotiator, LLC	
Name of Firm/Company	was the state of t
1658 Rosedown Way	
Address	
Apopka, Florida 32703	
City/State and Zip Code	
info@yourcarbuyernegotiator.com	
E-mail address: (to be used for future annual report notificat	on)
For further information concerning this matter, please of	eall:
Augusto C. Torres 407	951-4733 Code Daytime Telephone Number
Name of Person Area (Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, t	he undersigned.	
Melendez & Carm	nona, P.A.	, hereby resigns as	
	Name of Registered Agent	,	
Registered Agent for	Your Car Buyer Negotiator, LLC		
	Name of Limited Liability Company		
L14000028646			
Document	Number, if known		
,,,	tion was mailed to the above listed limited l		
The agency is termina	ted and the office discontinued on the 31st of Signature of Realgning	<u></u>	TELES TILES
If signing on behalf of	Fan entity:		器であった
	Omar Carmona-Sanchez		
	Typed or Printed Name		STATE OF STA
	Partner		是用 \$
	Capacity		A. C.

FILING FEES:

\$ 85.00 | Active limited liability company |

\$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314