

109000123525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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K. SALLY
OCT 25 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLDEN BRIDGE AUTO SALES, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

YARON GILAEI

(Contact Person)

GOLDEN BRIDGE AUTO SALES, LLC

(Firm Company)

5820 FUNSTON STREET

(Address)

HOLLYWOOD, FLORIDA 33023

(City, State and Zip Code)

For further information concerning this matter, please call:

YARON GILAEI

(Name of Contact Person)

at (954)

394-3945

(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
Cilton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2017 OCT 23 PM 5:02

TELEPHONE ROOM
1-800-352-6800

**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 it appears on the records of the Florida Department of State is GOLDEN BRIDGE AUTO SALES, LLC

2. The Florida document registration number assigned to this limited liability company is L09000123525

3. The date this member/manager withdrew/resigned or will withdraw/resign is 9/29/2017

4. I, SARA L HEARN, hereby withdraw/resign as a

MGRM

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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