

LO7000092523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

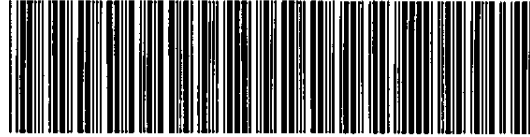
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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01/30/15--01009--022 \*\*25.00

FILED  
15 JAN 30 AM 10:59  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FEB 03 2014

G. CARROTHERS



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: YOUR SAFE DRIVER TAXI LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L07000092523

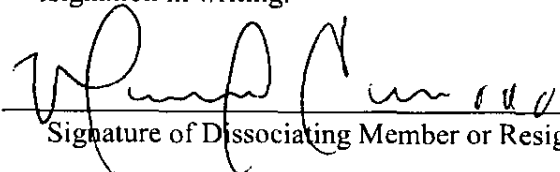
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/10/2015

4. I, MANNY CARRION, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER

(Print Title)

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

  
Signature of Dissociating Member or Resigning Manager

FILED  
15 JAN 30 AM 10:59  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** your safe driver taxi llc

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000092523

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raymond Venelus

\_\_\_\_\_  
Name of Person

Your Safe driver Taxi llc

\_\_\_\_\_  
Name of Firm/Company

2000 n florida mango rd

\_\_\_\_\_  
Address

west palm beach fl 33409

\_\_\_\_\_  
City/State and Zip Code

services@yoursafedrivers.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond Venelus

\_\_\_\_\_  
Name of Person

at ( 561- ) 844-4500

\_\_\_\_\_  
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