

LOE 00000 47944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

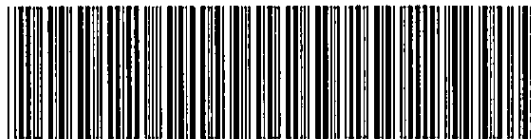
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400346840074

06/25/20--01013--013 \*\*25.00

S TALENT  
AUG 13 2020

2020 JUN 25 AM 8:01

Diss/Resign  
m/m

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Central Florida Automotive Group 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:

Drew Schreiber  
(Contact Person)

Central Florida Automotive Group  
(Firm/Company)

671 Garden Commerce Pkwy #180  
(Address)

Winter Garden FL 34787  
(City/State and Zip Code)

For further information concerning this matter, please call:

Drew Schreiber at (571) 437-3683  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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: Central Florida Automotive Group LLC

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

208000047944

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/22/2020

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

Authorized Rep.  
(Print Title)

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)

2020 JUL 25 AM 8:01