

LO9000090487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

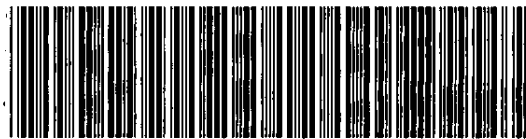
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900182336369

06/21/10--01008--020 \*\*25.00

~~06/21/10~~

APPROVAL  
AND  
FILED  
10 JUN 21 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DADE AUTO SALES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000090487

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:

JACINTO M. ALLEGUE

Name of Person

DADE AUTO SALES, INC.

Name of Firm/Company

5495 NW 79 AVENUE

Address

MIAMI, FL 33150

City/State and Zip Code

WASSY@REALDEALMORTGAGE.NET

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

For further information concerning this matter, please call:

JACINTO M. ALLEGUE

Name of Person

at ( 786 )

663-1225

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

JACINTO M. ALLEGUE

, hereby resigns as  
Name of Registered Agent

Registered Agent for DADE AUTO SALES, LLC

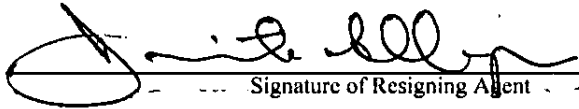
Name of Limited Liability Company

L09000090487

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

JACINTO M. ALLEGUE

Typed or Printed Name

MANAGER

Capacity

## **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

10 JUN 21 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED