

**L10000032240**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

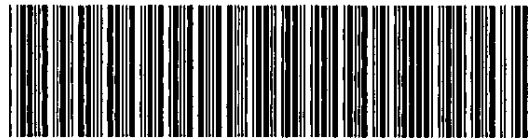
(Business Entity Name)

(Document Number)

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

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FILED  
17 MAR 20 PM 3:43  
TALLAHASSEE, FLORIDA

MAR 21 2017

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ideal Classic Cars, 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:

Michael Lombardo  
(Contact Person)

Ideal Classic Cars, LLC  
(Firm/Company)

2224 S. Tamiami Trail  
(Address)

Venice, FL 34293  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Lombardo at 846 297-2500  
(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton 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

**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: Ideal Classic Cars, LLC.
2. The Florida document/registration number assigned to this limited liability company is: L10000032240
3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_
4. I, Evelyn S. Lombardo, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Managing Member (MGRM)  
(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

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