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SECREFARY OF STATE
TALLAHASSEF, FLORID

APPROVED

C. LEWIS

APR 2 4 2014

EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** Carmatic Auto, LLC **SUBJECT:** (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: Jacinta Zambrano (Contact Person) (Fimi/Company) 5068 Forsyth Commerce Rd Ste 102 (Address) Orlando, FL 32807 (City/State and Zip Code) For further information concerning this matter, please call: Jacinta Zambrano (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 app	pears on the records of the Florida Department
of State is:	matic Auto. LLC	·
2. The Florida doc	-	ed to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned	or will withdraw/resign is: 04/15/2014
4. I, Jacinta Zambrano (Print Name of Person Resigning)		
(Print N MGRM	Name of Person Resigning)	
	(Print Title)	
of this limited lia resignation in wr		ited liability company has been notified of my
Signature of D	rssociating Member or Resigning I	
-	\$25.00 (Required) \$30.00 (Optional)	