

L12000062362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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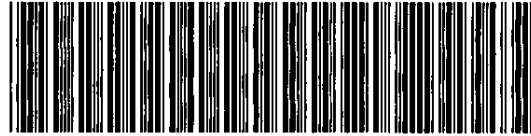
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch FEB 11 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C.F.J. AUTO SALES & EXPORTS, 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:

CARLOS M MARIN

(Contact Person)

C.F.J.AUTO SALES & EXPORTS, LLC

(Firm/Company)

6935 NARCOOSSEE RD 21

(Address)

ORLANDO FLORIDA 32822

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS M MARIN at 407 259-1852

(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

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: C.F.J.AUTO SALES & EXPORTS, LLC

2. The Florida document/registration number of this limited liability company is: L12000062362

3. The date this member withdrew or will withdraw is: JANUARY 28, 2014

4. I, JOSE A DE LA CRUZ, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

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

  
\_\_\_\_\_  
Signature of Resigning or Dissociating Manager, Member

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA