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(Re	questor's Name)	
(Ad	dress)	*** *
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
(, -	- ·· ,
PICK-UP	☐ WAIT	MAIL
_		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer.	
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Office Use Only



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SEGRETARYIOF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MOTOR DEPOT LLC			
(Name of Lin	nited Liability C	ompany)	
The enclosed member, resignation or dissoc	iation and fee	(s) are submitted for filing.	
Please return all correspondence concerning	this matter to):	
BEN BENGELLOUN			
(Contact Person)		·	
MOTOR DEPOT LLC			
(Firm/Company)			
6950 E ADAMO DRIVE			16 OCT 28 PM 4: 21
(Address)			7 2
TAMPA FL 33619			B PM
(City/State and Zip Code)		_	Ŧ.
For further information concerning this mat	ter, please cal	I:	21
BEN BENGELLOUN	813 at (850-1818	
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)	
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: ng Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building 2661 Executive Center Circle

Tallahassee, Florida 32301



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)

	or limited liability company a OTOR DEPOT LLC	s it appears on the records of the Florida Departs	ment	
2. The Florida do L130000308	•	assigned to this limited liability company is:		
MOULION	E DENOELLOUN	signed or will withdraw/resign is: 10-20-/1	<u>6</u>	
MCD			190 91	SECRE
of this limited li resignation in v	iability company and affirm t vriting.	he limited liability company has been notified of	28 PH	TARYOF
	Dissociating Member or Resi		LURIBA L: 21	
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)