

# L13000060337

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

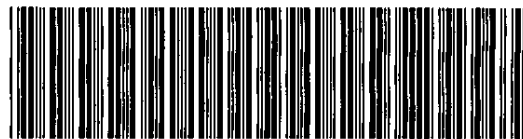
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**FILED**  
**Nov 10, 2014 08:00 AM**  
**Secretary of State**

T. LEMIEUX

NOV 25 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QUALITY TIRE DEPOT, 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:

JULIO C. CAVERO, ESQ.

(Contact Person)

JULIO C. CAVERO, P.A.

(Firm/Company)

800 S. DOUGLAS ROAD, STE. 149

(Address)

CORAL GABLES, FLORIDA 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIO C. CAVERO

(Name of Contact Person)

at ( 305 )

305 1514

(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

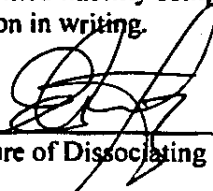


FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: QUALITY TIRE DEPOT LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L13000060337
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/01/14.
4. I, EDUARDO D. ROJAS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER (i.e., MGR)  
*(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)

**FILED**  
**Nov 10, 2014 08:00 AM**  
**Secretary of State**