

LT3000084323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

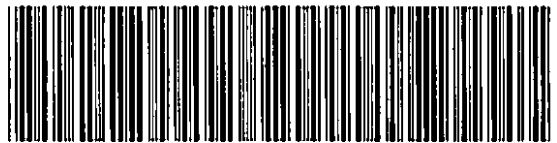
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

LT3
11-19-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAURUS TRUCK AND CAR REPAIR AND PARTS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS M ALFONSO

Name of Person

MAURUS TRUCK AND CAR REPAIR AND PARTS LI

Firm/Company

7802 NW 103 STREET

Address

HIALEAH GARDENS / FL 33016

City/State and Zip Code

MARIA@MIAMIBOOKKEEPINGTAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS M ALFONSO

305

970-6725

at ()

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2018

Luis M. Alfonso
Maurus Truck and Car Repair and Parts
7802 NW 103 Street
Hialeah Gardens, FL 33016

SUBJECT: MAURUS TRUCK AND CAR REPAIR AND PARTS LLC
Ref. Number: L13000084323

We have received your document for MAURUS TRUCK AND CAR REPAIR AND PARTS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records currently reflect Luis M. Alfonso as registered agent. The form submitted is for a registered agent change. We are uncertain what if any information you are trying to change. Please review the form and make any needed corrections and return it to our office for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Lyn Shoffstall
Bureau Chief

Letter Number: 818A00022103



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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2018 NOV 19 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FL

**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: MAURUS TRUCK AND CAR REPAIR AND PARTS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000084323

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/12/2018

4. I, ALFONSO, CRISTIAN . S, hereby withdraw/resign as a
(Print Name of Person Resigning)

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)