L14000021758

(Requestor's Name)
(Address)
, ,

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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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Parties

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COVER LETTER

Division of Corporations
SUBJECT: ABA WSED BYTO PARTS, 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:
CATHY AMADOR (Contact Person)
ABA USED QUTO PARTS, LLC. (Firm/Company)
366 N. County Rd. 13 (Address)
ORLAWDO, FL 32833 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 458-1429 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

TO: Registration Section



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)

1 771 6 41	Photo-difficulties and the Demonstrate and the Plant Demonstrates	
1. The name of the	limited liability company as it appears on the records of the Florida Department	
of State is:	BA USEN AUTO PARTS, LLC.	
2. The Florida docu	ment/registration number assigned to this limited liability company is:	
L14	000021758	
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{8/14/18}{}$	
4. I, Fernas (Print No.	when the state of Person Resigning), hereby withdraw/resign as a	
AMB	Print Title)	
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.	
Jewand		
Signature of Di	ssociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
-	\$30.00 (Optional)	