

L14 0000 73768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

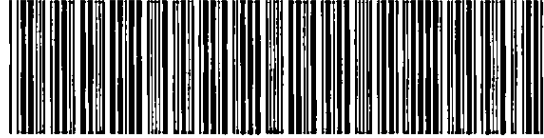
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700327230937

04/10/19--01023--001 \*\*25.00

FILED  
19 APR 10 PM 5:00  
TALLAHASSEE, FLORIDA

4/17/19

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DRIVE MAXX, 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:

JOSE COTO

(Contact Person)

DRIVE MAXX, LLC

(Firm/Company)

8716 NW 149th TERRACE

(Address)

MIAMI LAKES, FL 33018

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE COTO

(Name of Contact Person)

at ( 786 ) 302-7444  
(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

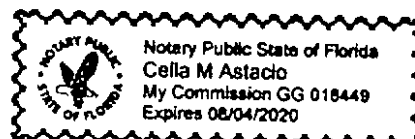
**STREET/COURIER ADDRESS:**

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

CR2E079 (2/14)



*Cella M. Astacio*  
*03/21/19*



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)

FILED  
19 APR 11 PM 5:00  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DRIVE MAXX, LLC

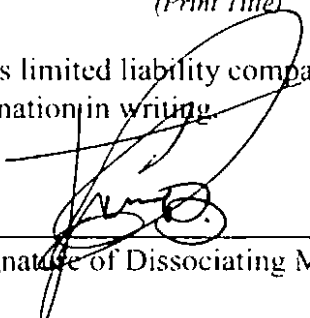
2. The Florida document/registration number assigned to this limited liability company is:  
L14000073768

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/01/2019

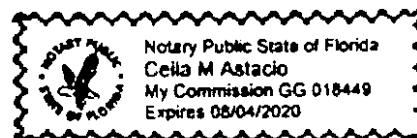
4. I, JOSE C MARTIN, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER  
*(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)



*Ceila M. Astacio*  
*03/21/19*