## L14 000 145901

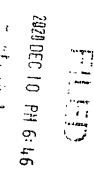
| (Requestor's Name)                      |                          |
|---|--------------------------|
| (Address)                               | 0003559                  |
| (Address)                               |                          |
| (City/State/Zip/Phone #)                | 12/10/200101             |
| (Business Entity Name)                  |                          |
| (Document Number)                       |                          |
| Certified Copies Certificates of Status |                          |
| Special Instructions to Filing Officer: |                          |
|   | JAN 2 5 2021<br>S. YOUNC |
|   |                          |

Office Use Only



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## **COVER LETTER**

| TO:      | _  | tration Section ion of Corporations  |                  |  |  |
|----------|--|--|------------------|--|--|
| SUBJE    | ZT Motors of Fort Walton Two, LLC  (Name of Limited Liability Company) |  |                  |  |  |
| .,01,,1  |  |  |                  |  |  |
| The en   | closed   | l member, resignation or dissoci   | ation and fee(s  | ) are submitted for filing.  |  |
| Please   | return   | all correspondence concerning  | this matter to:  |  |  |
| Claire T | Γhomps   | on   |                  |  |  |
|          |  | (Contact Person)   |                  | -  |  |
| ZT Moi   | iors   |  |                  |  |  |
|          | •••  | (Firm/Company)   | <u> </u>         | -  |  |
| 777 Be   | al Pkwy  | ν,   |                  |  |  |
|          |  | (Address)  |                  | -  |  |
| Fort W   | alton B  | each, FL 32547   |                  |  |  |
|          | <u></u>  | (City/State and Zip Code)  | ·-               | _  |  |
| For fu   | rther i  | nformation concerning this matt  | er, please call: |  |  |
| Auron    | Patterso   | on   | _ at (           | 850-863-8386   |  |
|          | (N   | lame of Contact Person)  | (Area Code       | & Daytime Telephone Number)  |  |
| Enclos   |  | ease find a check made payable<br>g Fee  |                  | Department of State for: g Fee & Certified Copy  |  |
|          | Regi<br>Divi<br>P.O.   | ng Address:<br>stration Section<br>sion of Corporations<br>Box 6327<br>thassee, FL 32314 |                  | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |

CR2E079 (2/14)



## 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)

| 7T M                                     | limited liability company as totors of Fort Walton Two, LLC | s it appears on the records o  | f the Florida Department |
|--|---|--------------------------------|--------------------------|
| 2. The Florida docu<br>L14000145901      | iment/registration number a                                 | ssigned to this limited liabil | lity company is:         |
| 3. The date this me                      | mber/manager withdrew/res                                   | signed or will withdraw/resi   | gn is:                   |
| 4. I. Sid Hussain (Print N               | ame of Person Resigning)                                    |                                | ign as a                 |
| CFO                                      | (Prim Title)  |                                |                          |
| of this limited lia<br>resignation in wr |   | he limited liability company   | has been notified of my  |
|  | Ly.   |                                | 2928 DEC 10              |
| Signature of D                           | Ssociating Member or Resi                                   | gning Manager                  | 010                      |
|  | \$25.00 (Required)<br>\$30.00 (Optional)                    |                                | PH 6: 40                 |