

L14 000 147719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

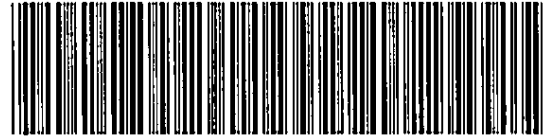
(Business Entity Name)

(Document Number)

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

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18 MAY 21 PM 3:43

SECRETARY OF STATE  
MAIL ROOM 1000

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MAY 22 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TWO Girls Auto Sales 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:

Laritza RANOS

Name of Person

TWO Girls Auto Sales LLC

Firm/Company

3415 W. Kirby ST

Address

Tampa, FL 33614

City/State and Zip Code

TwoGirlsAutoSales@gmail.com

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

For further information concerning this matter, please call:

Laritza RANOS

Name of Person

at ( 813 ) 770-9252

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



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18 MAY 21 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: TWO Girls Auto Sales LLC

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

L 14000147719

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/5/2018

4. I, Sayli Matos, hereby withdraw/resign as a  
(Print Name of Person Resigning)

VP  
(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)