44000160559

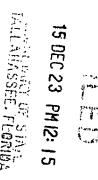
(Red	questor's Name)			
_ (Add	dress)			
(Add	Iress)			
(City	//State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	,			

Office Use Only



200280352672

12/23/15--01020--011 **25.00



DEC 28 2015
Y SULKED

COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: GOLDBERG (Name of Lim	SS AUTO GROUP U ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Michael V. Gol (Contact Person)	
Goldbergs Auto (girm/Company)	broupell
9206 US HWY	19
Port Richey Fl (City/State and Zip Gode)	- 34668
For further information concerning this matt	
Michael Goldberg (Name of Contact Person)	at (727) 614-6840 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassan, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 lin	nited liability company as it ap	ppears on the r	ecords of the Flori	da Department
of State is:	GOLDBERGS	AUTO	GROUP,	uc.
2. The Florida docume	ent/registration number assign	ned to this limi	ted liability compa	any is:
_ 1400	00160559	*		
3. The date this memb	per/manager withdrew/resigne	d or will with	lraw/resign is:	4/23/15
4. I, Kimborly (Print Name)	A. Tsompanidis e of Person Resigning)	, hereby with	draw/resign as a	्रा इं
<u>Wem</u>	nt Title)			DEC 23
of this limited liabili resignation in writin	ty company and affirm the ling.	nited liability o	company has been	notified of my
Signature of Disso	ciating Member or Resigning	Manager	_	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			