

L14000162138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

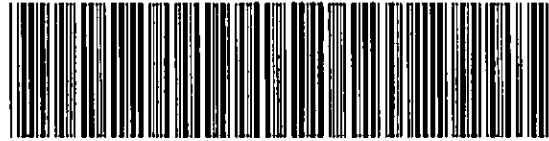
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800326860348

03/27/19--01008--002 \*\*450.00

FILED  
2019 MAR 27 P 9:11:2  
SILVER SPRING

4/8/19

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIMOUZINEFORYOU, 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:

NICOLE J. HUESMANN

(Contact Person)

NICOLE J. HUESMANN, P.A.

(Firm/Company)

150 ALHAMBRA CIRCLE, SUITE 1150

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

NICOLE J. HUESMANN

(Name of Contact Person)

at ( 305 ) 858-0220

(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

FILED  
2019 MAR 27 P 9:42  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 03-27-2019 BY 60322 UCBAW



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: LIMOUZINEFORYOU, LLC

2. The Florida document/registration number assigned to this limited liability company is: L14000162138

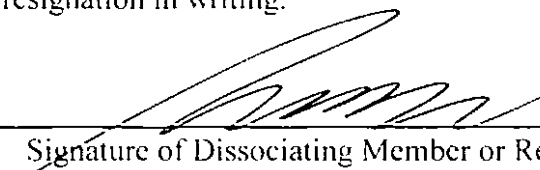
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/11/2019

4. I, MARK S. SCOTT, hereby withdraw/resign as a , ,  
(Print Name of Person Resigning)

AMBR

(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)