L15000001661

	(Requestor's Name)			
(Address)				
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
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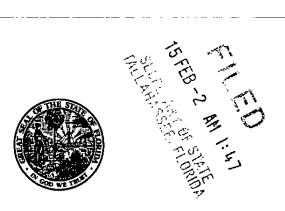


(RM 2-4-15

COVER LETTER

TO: Registration Section Division of Corporation	ons			
SUBJECT: Alfa Motors, LI	-C			
	(Name of Limited L	iability Com	pany)	
The enclosed member, resigna	ation or dissociation	n and fee(s)	are submitted for filing.	
Please return all corresponder	ce concerning this	matter to:		
Vincent Ghahremani				
(Contact	Person)		-	
Alfa Motors, LLC			TAL!	े ज
(Firm/Con	npany)			ΥE
3899 Bird Road			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3-2
(Addre	ss)			
Miami, FL 33146			ORIF	MM 1:47
(City/State an	d Zip Code)		٠ - حين	7
For further information conce	rning this matter, pl	lease call:		
Vincent Ghahremani	at (786	546-1020	
(Name of Contact Pe	\	Area Code	& Daytime Telephone Number	r)
Enclosed please find a check in \$25 Filing Fee			epartment of State for: Fee & Certified Copy	
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	ESS:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

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)

1. The name of the	limited liability company a	s it appears on the records of the Florida Department
of State is: Alfa	Motors, LLC	· · · · · · · · · · · · · · · · · · ·
2. The Florida docu L1500000166		assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:
Paimundo Longa Limo Lovi		
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
Member Man	ager	
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
2		
Signature of Di	ssociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	