

L15000001661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

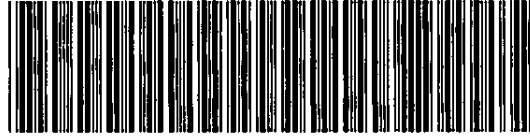
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 FEB 24 AM 10:42

C.L.
2-26-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alfa Motors, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vincent Gharahmani

Name of Person

Alfa Motors, LLC

Firm/Company

3899 Bird Road

Address

Miami, FL 33146

City/State and Zip Code

wvazquez@lopezlevipa.com

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

For further information concerning this matter, please call:

Vincent Ghahramani

786 546-1020
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 FEB 24 AM 10:43

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: Alfa Motors, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L15000001661
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/10/2015
4. I, Raimundo Lopez Lima Levi, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member Manager
(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)