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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Ci	ty/State/Zip/Phone	#)
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K.SALY EXAMINER OCT 27 2015

COVER LETTER

SUBJECT: AP Auto & Sound,	LLC
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Lazaro Vazeraz (Contact Person)	· •····
Ap Auto & Sound, LLC (Firm/Company)	
3316 el Jardin de Apt 4 (Address)	
Hollsword, FL 33024 (City/State and Zip Code)	
For further information concerning this matter, p	ease call:
Lazaro Vazgu-tz at ((Name of Contact Person)	239) 258-88/1 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section

Division of Corporations



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)

•	imited liability company as it appears on the records of the Florida Department Atology Sound, LLC.	
	ment/registration number assigned to this limited liability company is:	
L15000	049722	
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 10-13-20/5	
	me of Person Resigning), hereby withdraw/resign as a	
Authorize	1 Member. Print Title)	
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.	
Sommy T. Robinsom Signature of Dissociating Member or Resigning Manager		
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	