## L15000066758

(Red	uestor's Name)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

<b>*</b> *	
TO: Registration Section Division of Corporations	14-
MENDZ AUTO LLC SUBJECT:	
(Name of Limite	d Liability Company)
The enclosed member, resignation or dissociate	ion and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to:
ROMER MENDEZ ROTEL	
(Contact Person)	
MENDZ AUTO LLC	
(Firm/Company)	
2241 NORTH FORSYTH RD	
(Address)	
ORLANDO, FL 32807	
(City/State and Zip Code)	<del></del>
For further information concerning this matter	, please call:
ROMER MENDEZ DOTEL (Name of Contact Person)	sat (407) 534 - 3008
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
Mailina Addrage	Street Address
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

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## 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)

		y as it appears on the records of the Florida Department
2. The Florida docu L15000066758	ment/registration numbe	er assigned to this limited liability company is:
3 The date this me	mber/manager withdrew	/resigned or will withdraw/resign is:
VENDER LUIDANIA		, hereby withdraw/resign as a
OWNER	ame of t erson realizating	
(	Print Title)	<del></del> ·
of this limited liab resignation in wri		n the limited liability company has been notified of my
1)	, ñ	
Signature of Di	sociating Member or Re	esigning Manager
•	\$25.00 (Required)	
Ceramea Copy:	\$30.00 (Optional)	