115000155868

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

TO: Registration Section
Division of Corporations

Owner Certified Care 11/	^	
SUBJECT: Owner Certified Cars, LLC (Name of	Limited Liability Co	ompany)
The enclosed member, resignation or diss	ociation and fee	(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to	»:
Ademola Roger Kumapayi		
(Contact Person)	•	
Owner Certified Cars, LLC		
(Firm/Company)		_
2431 TAMPA ROAD		
(Address)		
PALM HARBOR, FLORIDA 34683		_
(City/State and Zip Code)		
For further information concerning this m	natter, please call	l:
Ademola Roger Kumapayi	at (_727	787-2277
(Name of Contact Person)	(Area Coc	de & Daytime Telephone Number)
Enclosed please find a check made payab XD \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		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 limit	ed liability company as it appears or	n the records of the Florida Departi	nent
of State is: Owner C	ertified Cars, LLC		
2. The Florida documen	/registration number assigned to thi	is limited liability company is:	2011
L15000155868			30.6
3. The date this member	manager withdrew/resigned or will	l withdraw/resign is: 12/17/2018	2018 DEC 19
4. I. Sandra L Kumapa	yi . hereby	y withdraw/resign as a	至 😤
	Person Resigning)	in.	
AMBR		7	是1:12
(Print	Title)		
resignation in writing.	company and affirm the limited liab		my
_	25.00 (Required) 30.00 (Optional)		