

L15000/63530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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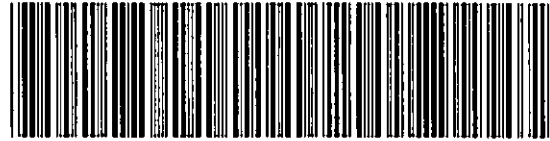
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. LEGGETT  
DEC 28 2017

**TO:** Registration Section  
Division of Corporations

(Name of Limited Liability Company)

Please return all correspondence concerning this matter to:

(Contact Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

at ( 305 ) 559 9070

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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: FIRST CHOICE AUTOPARTS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000163530

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/02/17

4. I, JULIO C MOLINA, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR

(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

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STATE DEPARTMENT OF REVENUE