L16000018571

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



300290292433

10/03/16--01043--008 **135.00

15 OCT -3 PK 2:59

OCT 0 5 2016

Y SULKek

COVER LETTER

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations AUTO WORLD GROUP LLC SUBJECT: _ (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Mercedes Debora Reyes (Contact Person) Shalom Business & Accounting (Firm/Company) 3251 SW 67 Avenue (Address) Miami, FL 33155 (City/State and Zip Code) For further information concerning this matter, please call: Mercedes Debora Reyes 305 519-7490 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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 Dep					
of	f State is:	AUTO WORLD GROUP	LLC	<u> </u>	
2. T	he Florida docum L1600001857		igned to this limited liability co	mpany is:	
		_	ned or will withdraw/resign is:		
4. 1,		ne of Person Resigning)	, hereby withdraw/resign as	16 OCT -3	
-		rint Title)			
	this limited liabil signation in writing		limited liability company has be	een notified of my	
	huen	Slaver			
S	Signature of Di	ociating Member of Resigni	ng Manager		
	ng Fee: ified Copy:	\$25.00 (Required) \(\nabla \) \$30.00 (Optional)			