## 116000105911

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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## **COVER LETTER**

CR2E079 (2/14)

•	stration Section sion of Corporations			
SUBJECT:	AUTO GOLD LLC			
	(Name of Limited Liability Company)			
The enclosed	I member, resignation or dissocia	ntion and fee(s	s) are submitted for filing.	
Please return	all correspondence concerning t	his matter to:		
LUIS R. SM	итн			
	(Contact Person)		_	
TAXES US	A LLC			
	(Firm/Company)			
11402 NW	41ST STREET SUITE 211			
	(Address)		_	
DORAL, FL	33178			
	(City/State and Zip Code)		_	
For further information concerning this matter, please call:				
LUIS R. SM	итн	305	470-2429	
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$\Bigs \text{\$\text{25} Filing Fee}\$  \text{\$\text{\$\text{\$\text{55} Filing Fee} & Certified Copy}\$}				
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: 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 i	t appears on the records of the Florida Department
of State is:	
2. The Florida document/registration number ass L16000105911	igned to this limited liability company is
3. The date this member/manager withdrew/resig	ned or will withdraw/resign is: 06/3/2019
4. I, ROBERTO PACHECO	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
MGR	
resignation in writing.	limited liability company has been notified of my
Signature of Dissociating Member or Resign	ing Manager