## 116000120022

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PICK-UP WAIT MAIL
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## COVER LETTER

TO: Registration Section Division of Corporations	·		
SUBJECT: Hot Wheel E (Name of Limit	EXBCESS (CC)		
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.		
Please return all correspondence concerning ti	nis matter to:		
Maria M Caballero (Contact Person)			
(Firm/Company)	<u> </u>		
21026 Bensell Ave	<del></del>		
Pot Charlotte, FC 339, (City/State and Zip Code)	<u>52</u>		
For further information concerning this matter, please call:			
Maria Caballe 10 (Name of Contact Person)	at (786) 556-7936 (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		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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	e limited liability company as it	appears on the records of the Florid	da Department
of State is:	Hot Wheel Express LLC		m?.
		م الم المراجع	المرابع وتيس
2. The Florida doc	ument/registration number assig	gned to this limited liability compa	ny is
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	·		. 0
3. The date this me	ember/manager withdrew/resign	7/1/ ned or will withdraw/resign is:, hereby withdraw/resign as a	ِيَّ 2019
Mosio M C	aballara		·* 55
4. I,		, hereby withdraw/resign as a	** ·
(Print )	Name of Person Resigning)		
Officer			
* **	(Print Title)		•
of this limited lia resignation in w	• •	imited liability company has been i	notified of my
Mabal	uro		
Signature of D	issociating Member or Resignir	ng Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		