

216000174014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

FEB 15 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACK WHITE AUTO LLC

(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:

JOSE ANTONIO VELUTINI BOLIVAR

(Contact Person)

BLACK WHITE AUTO LLC

(Firm/Company)

16171 BLATT BLVD APT # 413

(Address)

WESTON FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE ANTONIO VELUTINI BOLIVAR

at 786

2900578

(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:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
18 FEB 13 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: BLACK WHITE AUTO LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000174014

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/31/2018

4. I, Jesus Alberto Figuera Ortiz, 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

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 6th
day of February, 20 18, by Jesus Alberto Figuera
Signature of Notary
Personally Known OR Produced ID X
Type of ID Produced FL DRIVER LICENSE

CR2E079 (2/14)

