

# L170000033436

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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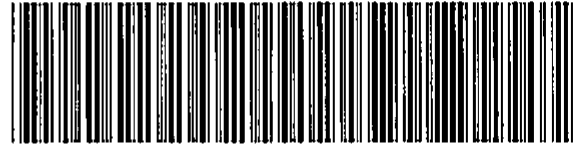
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CD AUTO SALES LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L170000 33436

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheguerrara Deandrade  
Name of Person

CD AUTO SALES LLC  
Name of Firm/Company

6094 14<sup>th</sup> St W #102  
Address

Bradenton, FL 34207  
City/State and Zip Code

CD CD AUTO SALES @ gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheguerrara Deandrade at ( 321 ) 877-9083  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Cristina R Martinez Alvarado, hereby resigns as  
Name of Registered Agent


Registered Agent for CD AUTO SALES LLC

\_\_\_\_\_  
Name of Limited Liability Company

L17000033436  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Cristina R Martinez Alvarado  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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TALLAHASSEE, FLORIDA

## FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314