

L17000097968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

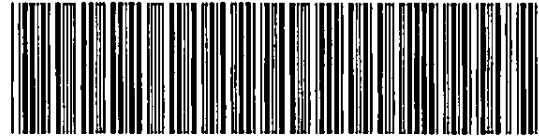
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500302286755

08/14/17--01038--014 \*\*15.00

07/05/17--01022--005 \*\*35.00

FILED  
2017 AUG 18 A 10:56  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

RUCE  
AUG 18 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** B.E.S.T Motors 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:

Mary Youssef  
(Contact Person)

B.E.S.T Motors LLC.  
(Firm/Company)

1725 S. Missouri Ave  
(Address)

Clearwater, FL 33756  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Youssef at (727) 688-4276  
(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

2017 AUG 18 A 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



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 Department of State is: B.E.S.T. Motors LLC.

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

L17000097968

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/7/17

4. I, Mary Youssef, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager  
(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)

2017 AUG 18 A 10:56  
TALLAHASSEE, FLORIDA

FILED

To Whom It May Concern

I did send a check of \$35.00 for the previous amendment which was over paid with \$10.00

Please apply the \$10.00 to the attached filing fees.

Regards,

Mary Youssef

727-688-4274

FILED

2017 AUG 18 A 10:56

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA