117000113749

(Re	equestor's Name)	
(Address)		
(Address)		
(.2,020)	
(Cit	ty/State/Zip/Phone	· #)
		—
☐ PICK-UP	WAIT	MAIL
(Business Entity Name)		
·	·	,
(1)(ocument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Eiling Officer:	
Special Instructions to Filing Officer:		



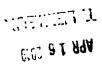


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APK (/ 8 to a

299 APR -8 PD 1: #2



TO: Registration Section Division of Corporations	ě
SUBJECT: BROWARD MOTOR	CS 2 LLC nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
STANLEY H. TSUNGY (Contact Person)	
(Firm/Company)	
10920 REDHAWK ST	<u>. </u>
PLANTATION: FL 333	
(City/State and Zip Code) For further information concerning this matt	er, please call:
(Name of Contact Person)	_at (305) 2 (5 4757 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t □ \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

2818 APR -8 PP 1: 42

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: BROWARD MOTORS 2 LLC
2. The Florida document/registration number assigned to this limited liability company is:
L17000113749
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{12 - 31 \cdot 18}{1}$
4. I. STANLY H. TSUND, hereby withdraw/resign as a
(Print Name of Person Resigning)
AMBR
(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)