L17000135124

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES,LLC
Account Number : 120160000067
Phone : (407)370-3685
Fax Number : (407)370-3130

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: [illegible]@larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SOFISTICAR LLC

2017 OCT 23 AM 11:44

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OCT 24 2017
J. HARRIS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOFISTICAR 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:

CAROLINE LARSON
(Contact Person)

LARSON ACCOUNTING AND CONSULTING SVS
(Firm/Company)

7901 KINGSPOINTE PKWY STE 17
(Address)

ORLANDO, FL 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLINE LARSON at (407) 370-3686
(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

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)

2017 OCT 23 A 9:24

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SOFISTICAR LLC

2. The Florida document/registration number assigned to this limited liability company is: L17000135124

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/20/2017

4. I, ROSANE F. DE CARVALHO, hereby withdraw/resign as a
(Print Name of Person Resigning)

AUTHORIZED MEMBER
(Print Title)

of this limited liability company. I affirm the limited liability company has been notified of my resignation in writing.

Rosane Carvalho
Signature of Dissociating Member or Resigning Manager

Filing Fee: $25.00 (Per Office)
Certified Copy: $30.00 (Optional)