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## **COVER LETTER**

TO: Registration Section Division of Corporations				
Fort Lauderdale Auto Exch	_			
(Name of Li	mited Liability Co	ompany)	<del></del>	
The enclosed member, resignation or dissor	ciation and fee(	(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to	:		
Robert DeNicola				
(Contact Person)				
Fort Lauderdale Auto Exchange LLC				
(Firn/Company)	•	_		
1053 NE 43rd street		A:	201 <b>6</b>	
(Address)		— []	M AUG	
Oakland Park FL 33334		HASS	등 - <b>3</b>	
(City/State and Zip Code)		<del>-</del>	7 07 P <b>2</b>	i T
For further information concerning this mal	tter, please call	FL081	S 73	<u></u>
Robert DeNicola	954 at (	636-9653	Ē <b>₹</b>	
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number	·)	
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State for:  g Fee & Certified Copy		
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, Florida 32314		

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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)

	limited liability company as	it appears on the records of the I	Florida Departn	nent 	
2. The Florida doc L1700017528		ssigned to this limited liability co	ompany is:		
3. The date this member/manager withdrew/resigned or will withdraw/resign is:			07/31/2018		
4. I,	a	, hereby withdraw/resign as	a		
Member	ame of verson kesigning)				
of this limited lia	(Print Title) bility company and affirm th	e limited liability company has b	ncen notified of	mv	
resignation in wr		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Signature of D	issociating Member or Resig	ning Manager	SSEC STATE	,	
	\$25.00 (Required) \$30.00 (Optional)		ra 2: 42 ir state floridi		