L1800000611

(Requestor's Name)
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL

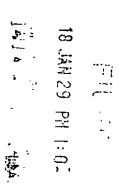
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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01/29/18--01032--025 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SURJECT: SGM AUTO - WONSPOT LLG (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:
Eliangela Zait
14450 SW 2975T (Firm/Company)
(Address)
HOMESTECIAL FC 33033 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

\$25 Filing Fee

MAILING ADDRESS:

☐ \$55 Filing Fee & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Seria 18.





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:
2. The Florida document/registration number assigned to this limited liability company is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, Print Name of Person Resigning), hereby withdraw/resign as a
Prim Tide)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Total Control of the
Signature of Dissociating Member or Resigning Manager
Filing Fec: \$25.00 (Required) Certified Copy: \$30.00 (Optional)