

LEONOR B2B1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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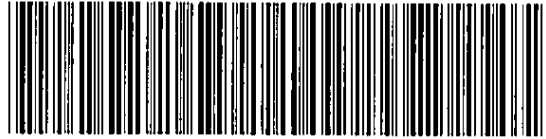
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2813 MAY 31 A 37
TALLAHASSEE, FLORIDA

FILED 19 MAY 31 AM 10:30

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D SCOTT

MAY 31 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAMILY AUTOS 4 SALE 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:

MICHAEL DANIELS
(Contact Person)

FAMILY AUTOS 4 SALE LLC
(Firm/Company)

4395 FLORIDA GEORGIA HIGHWAY
(Address)

HAVANA, FLORIDA 32333
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL DANIELS at (850) 570-8290
(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

2019 MAY 31 A 3:02
TALLAHASSEE FLORIDA
SOUTH PARTY OF STATE

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: FAMILY AUTOS 4 SALE LLC

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

L1000028281

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/10/2019

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

MGR

(Print Title)

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

Lynette Judge

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2019 MAY 31 A 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA