L18000061655

(Requestor's Name)				
(Address)				
(Address)				
(101303)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT	MAIL			
(Business Entity Name)				
,				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to raining Officer.				
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Office Use Only





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22 SEP -7 PH 3: 10

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: EQUITY AUTO CREDIT, LLC				
(Name of Limite	ed Liability Cor	npany)		
The enclosed member, resignation or dissocia-	tion and fee(s	s) are submitted for filing.		
Please return all correspondence concerning th	nis matter to:			
AGUSTIN A. GONZALEZ	_	_		
(Contact Person)			2	1
			2 S	151
EQUITY AUTO CREDIT, LLC	******	_	<u>.</u>	
(Firm/Company)			<u>'</u>	
14836 NE 2ND AVE		_	22 SEP -7 PH 3: 10	SHISHIN B CONTRACT
(Address)				7.15
			0	•
MIAMI, FL 33161 (City/State and Zip Code)		_		
(City/state and Zip Code)				
For further information concerning this matter	r, please call:			
	at (<u>305</u>	_) 588-7295	•	
(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		Fee & Certified Copy		
	•			
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite	810	
		Tallahassee, FL 32303		

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)

1 721	11 1. 111 1.111.	'	
1. The name of the	limited hability company	as it appears on the records of the	ne Florida Department
of State is: EQUI	TY AUTO CREDIT. LLC		
2. The Florida docu	ment/registration number	assigned to this limited liability	company is:
L18000061688		<u></u> .	
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign	is: <u>09/06/2022</u>
4. I. LATRAMOS A.	STATON	, hereby withdraw/resign	ı as a
(Print N	ame of Person Resigning)		
MGR MEMBER			
	Print Title)		
of this limited liab		the limited liability company ha	ns been notified of my
Josephan	of states		JIVIŠIUK 22 SEP
Signature of Di	ssociating Member or Res	igning Manager	ON OFFICE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PM 3:
certified Copy.	550.00 (Optional)		