

480000 70240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

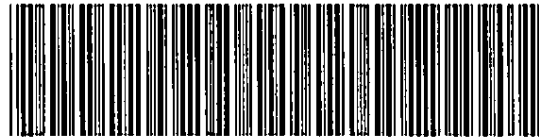
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

K. SALY

MAY 18 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REPARTS, 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:

PATRICIA NOVARO  
(Contact Person)

REPARTS, LLC  
(Firm/Company)

18459 PINES BOULEVARD, STE. 301  
(Address)

PEMBROKE PINES, FL 33029  
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA NOVARO at ( 305 ) 710-6836  
(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



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

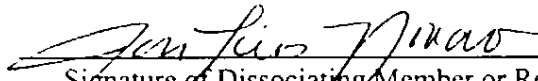
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: REPARTS, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L180000070240
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/19/2018
4. I, JON L. NOVARO, 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.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

PATRICIA NOVARO  
18459 PINES BOULEVARD, SUITE 301  
PEMBROKE PINES, FL 33029  
E-MAIL: [novarop@bellsouth.net](mailto:novarop@bellsouth.net)  
Telephone: (305) 710-6836

**VIA FEDERAL EXPRESS**

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

**Re:     REPARTS, LLC / L18000070240**

To Whom it May Concern:

In connection with the above-referenced Limited Liability Company, attached please find the following forms:

1. Articles of Amendment; and
2. Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company, and

I have also enclosed a check in the amount of \$50.00. Each form enclosed has a \$25.00 filing fee.

Thank you.

  
Patricia Novaro