L18000145147

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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OF THE OFFICE OFFICE

COVER LETTER ,.

	egistration Section				
U	ivision of Corporations				
SUBJEC	CAR AUTO HOLDINGS LLC	CAR AUTO HOLDINGS LLC (Name of Limited Liability Company)			
	(Name of Li				
The enclo	osed member, resignation or disso	ciation and fee(s) are submitted for filing.			
Please ret	turn all correspondence concernin	g this matter to:			
CARLOS	RIOS				
	(Contact Person)				
CAR AUT	O HOLDINGS LLC				
	(Firm/Company)				
13110 BIS	CAYNE BOULEVARD				
	(Address)				
NORTH N	IIAMI, FLORIDA 33181				
	(City/State and Zip Code)				
For furthe	er information concerning this ma	tter, please call:			
CARLOS	RIOS	305 342-8500 at ()			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed	please find a check made payable	to the Florida Department of State for:			
	iling Fee	■ \$55 Filing Fee & Certified Copy			
	ailing Address:	Street Address:			
	egistration Section	Registration Section Division of Corporations			
	ivision of Corporations O. Box 6327	The Centre of Tallahassee			
	allahassee, FL 32314	2415 N. Monroe Street, Suite 810			
1.0	unanasseer i is sesta	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)

	• • •	is it appears on the records of the Florida Department
of State is: CAR	AUTO HOLDINGS LLC	
2. The Florida doc	ument/registration number a	assigned to this limited liability company is:
L18000145147		
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:
4. I. JOHN FOCARO (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print 8	ame of Person Resigning)	·
AUTHORIZED	MEMBER AND SECRETARY	
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
Signature of D	issociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	

COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	CAR AUTO HOLDINGS LLC		
	(Name of L	imited Liability Con	npany)
The enclosed	I member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return	all correspondence concernir	ng this matter to:	
CARLOS RIO	s		
	(Contact Person)		-
CAR AUTO H	OLDINGS LLC		
	(Firm/Company)		-
13110 BISCA	YNE BOULEVARD		
-	(Address)	-	-
NORTH MIAN	MI, FLORIDA 33181		
	(City/State and Zip Code)		-
For further in	nformation concerning this ma	itter, please call:	
CARLOS RIO	S	305	342-8500
(N:	ame of Contact Person)		& Daytime Telephone Number)
	ase find a check made payable		-
□ \$25 Filing	g Fee	■ \$55 Filing	Fee & Certified Copy
	g Address:		Street Address:
	tration Section ion of Corporations		Registration Section Division of Corporations
	Box 6327		The Centre of Tallahassee
Tallah	nassee, 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. The name of the	e limited liability company as it appears on the records of the Florida Department
of State is:	AUTO HOLDINGS LLC
2. The Florida doc	tument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is:
4. I,	Name of Person Resigning), hereby withdraw/resign as a
	MEMBER AND SECRETARY
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature(of D	issociating Member or Resigning Manager
Signature(O) D	issociating Memori of Resigning Manager
-	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)