L18000170989

(Requestor's Name)				
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_	stration Section sion of Corporations		ä.
SUBJECT:	AUTOSTARS MIAMI LLO		
JOBSECT.	(Name of	Limited Liability Con	ipany)
The enclosed	d member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return	all correspondence concern	ing this matter to:	
YOSMANI	BROCHE		
	(Contact Person)		_
AUTOSTA	RS MIAMI LLC		
	(Firm/Company)		-
535 NW 50	ST		
	(Address)	·	-
MIAMI SPF	RINGS, FL 33166		
	(City/State and Zip Code)		-
For further i	nformation concerning this n	natter, please call:	
YOSMANI	BROCHE	305 at (733-4151
(1)	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made payab g Fee		epartment of State for: Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration Division of C	Section Corporations		Registration Section Division of Corporations
Clifton Build	•		P.O. Box 6327
	ive Center Circle Florida 32301	•	Tallahassee, Florida 32314

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)

	limited liability company as it appe OSTARS MIAMI LLC	ars on the records of the Florida Department
2. The Florida docu L1800017098	ment/registration number assigned	to this limited liability company is:
IORGE L DE	CARDENAS	r will withdraw/resign is: 07/30/2018
4. 1,(Print N	ame of Person Resigning)	ercoy wiinaraw/resign as a
MANAGER 	(Print Title)	2019 [-
of this limited liab resignation in wr		d liability company has been notified of my
Signature of Di	ssociating Member or Resigning Ma	3; ; 00
g		mager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	