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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* \_\_\_\_\_\_

mail Address: CONTROLO ABKORP.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INFINITY DEALERSHIP, LLC

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## **COVER LETTER**

TO: Registration Section Division of Corporations

e:

SUBJECT: INFINITY DEALERSHIP, LLC	
(Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Julia Tedesco	
(Contact Person)	
Account Bookkeeping Corp	
(Firm/Company)	
5301 Conroy Road Suite 140	
(Address)	<del></del>
Orlando, Fl. 32811	
(City/State and Zip Code)	<del></del>
For further information concerning this matt	er, please call:
Julia Tedesco	407 898-1757 at ( )
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t S25 Filing Fee	o the Florida Department of State for:  \$\sum \text{\$\sum\$}\$ \$\sum \text{\$\sum\$}\$ \$\sum \text{\$\sum\$}\$ Filing Fee & Certified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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 of State is:  INFINITY DEALERSHIP, LLC	the records of the Florida Department
2. The Florida document/registration number assigned to this L18000190409	limited liability company is:
3. The date this member/manager withdrew/resigned or will v	withdraw/resign is:
4. I,, hereby	
(Print Name of Person Resigning)	
AMBR	<b>201</b>
(Print Title)	2020 HAR -
of this limited liability company and affirm the limited liability resignation in writing.	AHIO: 02
Signature of Dissociating Member of Resigning Manager	

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