

L180000190409  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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.\*\*

Email Address: services@abkcorp.com

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

Certificate of Status	0
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Page Count	01
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OCT 02 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INFINITY DEALERSHIP 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:

FRANCIA CARMONA

(Contact Person)

ACCOUNT BOOKKEEPING CORP

(Firm/Company)

5301 CONROY ROAD, SUITE 140

(Address)

ORLANDO, FL 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCIA CARMONA

(Name of Contact Person)

at 407 898-1757

(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

**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)

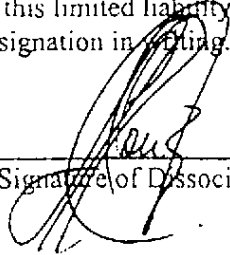
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: INFINITY DEALERSHIP LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000190409

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/24/2020

4. I, LUCAS SILVA DE SOUZA, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
AMBR  
(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