

L18000207652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

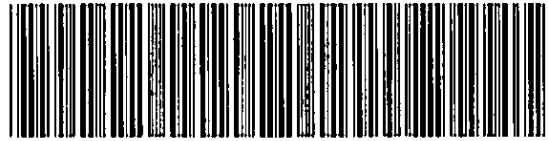
(Business Entity Name)

(Document Number)

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

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Office Use Only



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SOUTH CAROLINA  
DEPT OF COMMERCE  
FILING OFFICE

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JUN 08 2020

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KNIGHTS AUTO A2Z 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:

ZACHARY O. LANS

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(Contact Person)

KNIGHTS AUTO A2Z LLC

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(Firm/Company)

19821 NW 2 AVE SUITE 205  
\_\_\_\_\_  
(Address)

MIAMI GARDENS,FL 33169

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(City/State and Zip Code)

For further information concerning this matter, please call:

ZACHARY O. LANS at ( 305 ) 619-6145  
\_\_\_\_\_  
(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

**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



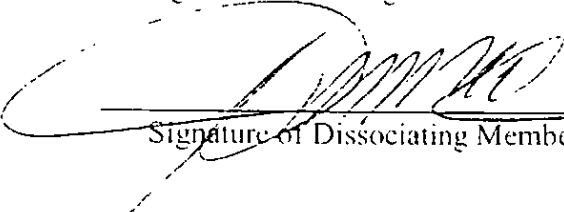
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: KNIGHTS AUTO A2Z LLC
2. The Florida document/registration number assigned to this limited liability company is: L1800207652
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/9/2020
4. I, ANGELA C CASERO, 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)

**FILED**  
2020 MAY 18 PM 6:58  
CLERK OF SUPREME COURT  
JULIA HARRIS, Esq.