## 219000131154

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



500340484835

02/10/20--01317--002 ++25.00

Ry 5:23

MAR () 4 2020 I ALBRITTON

## **COVER LETTER**

**Division of Corporations** RNG AUTO REPAIRS LLC SUBJECT: (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: Fritz G. Phanord (Contact Person) RNG AUTO REPAIRS LLC (Firm/Company) 1811 NW 54th Avenue (Address) Margate, FL 33063 (City/State and Zip Code) For further information concerning this matter, please call: Fritz G. Phanord (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: **Street Address:** Registration Section **Registration Section** Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

DNC	e limited liability company as i	t appears on the records of the Florida Department
		igned to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is:
		, hereby withdraw/resign as a
	Officer / Co-Owner	
<del></del>	(Print Title)	
of this limited lia resignation in wi		limited liability company has been notified of my
Signature of D	issociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required)	
~	\$30.00 (Optional)	