

L19000238711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

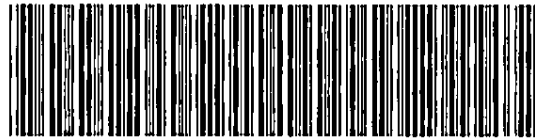
(Document Number)

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

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

LLC  
m/m Resign.

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2020

HUGO ALBERTO TAVAREZ  
403 SW 103 AVE. #401  
PEMBROKE PINES, FL 33025

SUBJECT: AUTO REPAIR INTERNATIONAL LLC  
Ref. Number: L19000238711

We have received your document for AUTO REPAIR INTERNATIONAL LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

IF YOU WISH TO FILE THE ATTACHED RESIGNATION, PLEASE REMOVE THE TITLE REGISTERED AGENT FROM THE DOCUMENT UNDER SECTION #4.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 920A00024321



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 11 16 2:11

November 16, 2020

HUGO ALBERTO TAVAREZ  
403 SW 103 AVE. #401  
PEMBROKE PINES, FL 33025

SUBJECT: AUTO REPAIR INTERNATIONAL LLC  
Ref. Number: L19000238711

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE REMOVE THE TITLE REGISTERED AGENT FROM SECTION #4 OF THE RESIGNATION FOR HUGO ALBERTO TAVAREZ. THE REGISTERED AGENT MUST COMPLETE A SEPARATE REGISTERED AGENT RESIGNATION FORM. THE FEE FOR THE RESIGNATION OF REGISTERED AGENT IS \$25.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 620A00022891



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: AUTO REPAIR INTERNATIONAL LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000238711

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/22/2020

4. I, HUGO ALBERTO TAVAREZ, 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.

Hugo Tavaréz

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
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TALLAHASSEE, FLORIDA