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PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
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Special Instructions t	to Filing Officer:			





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COVER LETTER

TO: Registration Section Division of Corporations TURN KEY AUTO 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: ANDREW ANDERSON (Contact Person) TURN KEY AUTO LLC (Firm/Company) 11 PRINCESS CIRCLE (Address) ORMOND BEACH, FL 32174 (City/State and Zip Code) For further information concerning this matter, please call: ANDREW ANDERSON (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy ☐ \$25 Filing Fee Street Address: Mailing 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



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	s it appears on the records of	of the Florida Department
of State is:	N KEY AUTO LLC		
2. The Florida docu £1900002722213	ument/registration number a	ssigned to this limited liabi	ility company is:
DANIELLE CHI	ember/manager withdrew/res		
4. I, (Print N	lame of Person Resigning)	, hereby withdraw/res	sign as a
CO-OWNER			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm th	ne limited liability company	y has been notified of my
resignation in wi	mig.		2021 7/3
Coinco C	Till henery		
Signature of Dissociating Member or Resigning Manager		2021 HAY -3 AH 12: 5	
	\$25.00 (Required)		<u> </u>
Certified Copy:	\$30.00 (Optional)		型2. S