L2000039241

(Requ	uestor's Name)
(Addı	ress)
(Addi	ress)
(City/	State/Zip/Phone #)
_	WAIT MAIL
(Busi	iness Entity Name)
(Doci	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	iling Officer:
Special instructions to Fi	iling Officer:

Office Use Only



300362887903

08/28/21--01081--027 **55.00



COVER LETTER

Division of Corporations
SUBJECT: A-Z Auto Brokers 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:
Angel Sanchez (Contact Person)
A-Z Auto Brokers LLC (Firm/Company)
3222 Lorimar LN (Address)
Saint Cloud FL 34772 (City/State and Zip Code)
For further information concerning this matter, please call:
Hagel Sonchez at (407) 433-6898 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee

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 com-	pany as it app	ears on the records	s of the Florida D)epartme	nt
of State is:	7-Z Auto	Brokers	LLC			
2. The Florida docu	iment/registration nu	mber assigned	I to this limited lia	bility company is	s:	
	039241			a :0		
3. The date this me	mber/manager withd	rew/resigned	or will withdraw/re	esign is: <u>3 -18</u>	-203)
4.1. Zakary (Prim N	Nazec ame of Person Resigning	·	hereby withdraw/r	esign as a		
Ams	R. Tieles	·		<u> </u>	2021	
of this limited lial resignation in wri	bility company and a	ffirm the limit	ed liability compa	ny has been notification of the second of th	fiont 29	NY 1
Signature of Di	ssociating Member o	r Resigning M	1anager	ORIDA	AM 10: 07	`•••
	\$25.00 (Required \$30.00 (Optional)					