

**L20 000 360 213**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

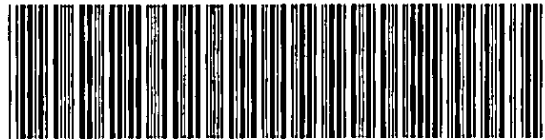
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**500363422155**

04/27/21--01019--032 \*\*25.00

2021 APR 27 AM 5:27  
STATE  
CLERK  
TALLAHASSEE, FLORIDA

16

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VOLTAGE AUTO RENTAL 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:

SANDRA A. GUERRA

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

13219 SW 42 ST

\_\_\_\_\_  
(Address)

MIRAMAR, FL 33027

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA A. GUERRA

\_\_\_\_\_  
(Name of Contact Person)

at ( 305 ) 388-4010

\_\_\_\_\_  
(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: VOLTAGE AUTO RENTAL LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L20000360213

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/20/2021

4. I, PAULA A. BAQUERO, 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.

Signature of Dissociating Member or Resigning Manager

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

2021 APR 27 AM 5:27  
FLORIDA