L21000153049

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duning Fath March
(Business Entity Name)
(Document Number)
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ALLAHASSEE, FLORIDA

P3 SFP I 8 AM 8: 1

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Carolina Tire Lake Worth, LLC		
	imited Liability C	ompany)
The enclosed member, resignation or disso	ciation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	g this matter to	o:
John Auten		
(Contact Person)		
(Firm/Company)		_
2132 Indian Road		<u> </u>
(Address)		
West Palm Beach, FL 33409		
(City/State and Zip Code)		
For further information concerning this ma	tter, please cal	I:
John Auten	at (561) 662-2631
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida	Department of State for:
■ \$25 Filing Fee	□ \$55 Fili	ng 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



FILED

2023 SEP 18 AM 8: 39

FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA **DIVISION OF CORPORATIONS**

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Departmental Tire Lake Worth, LLC	ent
2. The Florida doc 1.21000153049	ument/registration number assigned to this limited liability company is:	
Anthony C. Con	mber/manager withdrew/resigned or will withdraw/resign is: January 1, 2023	-
MGR	(Print Title)	
resignation in w	bility company and affirm the limited liability company has been notified of niting. ssociating Member or Resigning Manager	ıy
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	