h21000214559

(Re	equestor's Name)			
(Ad	idress)			
(Ac	ddress)			
(Cir	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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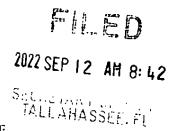
09/12/22--01080--011 **55.00

2022 SEP 12 AH 8: 4

COVER LETTER

TO:	_	stration Section ion of Corporations				
SUBJ	IECT:	AUTO SERVICE NETWORK, L				
		(Name of Limited Liability Company)				
The e	nclosed	I member, resignation or diss	ociation a	nd fee(s) are submitted for filing.	
Please	e return	all correspondence concerni	ng this ma	atter to:		
Noct A	A Rosado	,				
		(Contact Person)			_	
AUTO	SERVI	CE NETWORK, LLC				
		(Firm/Company)		<u> </u>		
1950 s	w 122nd	ave Apt 117				
		(Address)				
Miami	. Fl 3317	75				
		(City/State and Zip Code)				
For fu	irther in	nformation concerning this m	atter, plea	se call:		
Nocl A	A Rosado		78 at (6	366-2879	
	(N	ame of Contact Person)			& Daytime Telephone Number)	
	sed ple 5 Filing	ase find a check made payab g Fee			Department of State for: g Fee & Certified Copy	
		og Address:			Street Address:	
	_	stration Section ion of Corporations			Registration Section Division of Corporations	
		Box 6327			The Centre of Tallahassee	
	Tallal	hassee, 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)

	e limited liability company as it appears on the records of the Florida Department O SERVICE NETWORK, LLC
2. The Florida doc L21000214559	ument/registration number assigned to this limited liability company is:
Noel A Rosado	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, (Print)	, hereby withdraw/resign as a lame of Person Resigning)
Title Manager	
	(Prim Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Centified Copy:	\$25.00 (Required) \$30.00 (Optional)