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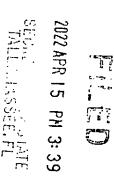
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Office Use Only



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## COVER LETTER :

Registration Section TO: Division of Corporations OX RENTAL CAR 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: KASANDRA MOUZABER (Contact Person) OX RENTAL CAR LLC (Firm/Company) 14757 SW 25TH ST (Address) MIAMI, FL 33185 (City/State and Zip Code) For further information concerning this matter, please call: KASANDRA MOUZABER 9303823 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **■** \$25 Filing Fee □ \$55 Filing 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

CR2E079 (2/14)





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

2022 APR 15 PM 3:39

SEDR GASSEE, FL

## 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 Department ENTAL CAR LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L21000360650	
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, TALINA MOUZ	ABER, hereby withdraw/resign as a, hereby withdraw/resign as a
(Print N	lame of Person Resigning)
MANAGER	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)