365/9/3

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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STATE
LANCES STATE
LANCES SEE, FL

R. HUNT 0 7/17/23

COVER LETTER

TO:	Registration Section Division of Corporations			
CHDI	HAPPY CAR SALES II LLC			
SUBJ		nited Liability Co	empany)	
The en	nclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.	
Please	return all correspondence concerning	this matter to:	:	
RICH	ЕНМКЕ			
	(Contact Person)			193
N/A				
	(Firm/Company)			;
1400 S	W 18TH CT		SO CENTRAL PROPERTY OF THE PRO	18 AH 12: 09
	(Address)		_ 	09 FATE
FORT	LAUDERDALE, FL 33315			•
	(City/State and Zip Code)		_	
For fu	rther information concerning this matt	er, please call:	:	
RICH	ЕНМКЕ	714 at (222-6500	
	(Name of Contact Person)		e & Daytime Telephone Num	ber)
	sed please find a check made payable t 5 Filing Fee		Department of State for: g 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, S 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)

	limited liability company as	• •	of the Florida Department
2. The Florida doc L21000365143	ument/registration number as	ssigned to this limited liab	oility company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/res	sign is:
4. I. RICH EHMKE	iame of Person Resigning)	, hereby withdraw/re	esign as a
MEMBER			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm th iting.	ne limited liability compan	y has been notified of my
Signature of D	issociating Member or Resig	ning Manager	NEZZ CON
	\$25.00 (Required) \$30.00 (Optional)		18 AH 12: (