## K21 CCO403126

(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:	





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## **COVER LETTER**

TO: Registration Section Division of Corporations KING MOTORS LLC SUBJECT: (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: LELIO YAMAO (Contact Person) TAX SOLUTIONS & BOOKKEEPING LLC (Firm/Company) 7751 KINGSPOINTE PKWY - SUITE 119 (Address) ORLANDO, FL 32819 (City/State and Zip Code) For further information concerning this matter, please call: LELIO YAMAO (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 Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 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)

The name of the limited liability company as it of State is:  KING MOTORS LLC	appears on the records of the Florida Department
2. The Florida document/registration number assign L21000403126	-
L21000403126  3. The date this member/manager withdrew/resign 4. 1, EDUARDO FELIPE DE JESUS TEIXEIRA  (Print Name of Person Resigning)	ned or will withdraw/resign is:
(Print Name of Person Resigning) MGR	
(Print Title)	
of this limited liability company and affirm the leasignation in writing.	imited liability company has been notified of my
Signature of Dissociating Member or Resignia	ng Manager