(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	<u> </u>
· · · ed Copies	Certificates	of Status
cral Instructions to Filing Officer:		
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12/21/2022

COVER LETTER

Division of Corporations	
SUBJECT: Timeless Auto II (Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Road Roverson) (Contact Person)	
Finn/Company)	<u>.</u>
$\mathcal{H}_{1}^{1}\mathcal{H}_{1}^{1}$ (Address)	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
(Name of Contact Person) at (Area Code & Daytime Telephone Number)
Englosed please find a check made payable to the ▼ \$25 Filing Fee	e Florida Department of State for: \$55 Filing 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, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

2022 DEC 21 AM 9: 40

SECRETARY OF STATE TALLAHASSEE, FL

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the li	mited liability company as it appears on the records of the Florida Department
of State is:	irreless Auto LIC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
<u> </u>	22000013800
_	ber/manager withdrew/resigned or will withdraw/resign is:
4. I, Occi (Print-Mar	ne of Person Resigning), hereby withdraw/resign as a
Wennoch	rint Title)
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my ng.
Signature of Diss	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)