

122000124959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

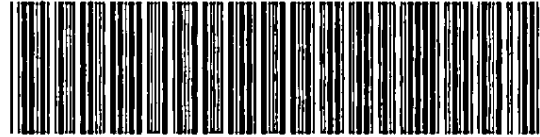
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800396456118

10/31/22--01021--009 \*\*55.00

FILED

2022 OCT 31 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** : Registration Section  
Division of Corporations

**SUBJECT:** Automation Empires 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:

Dominic Melpignano

\_\_\_\_\_  
(Contact Person)

Italian Express LLC

\_\_\_\_\_  
(Firm/Company)

8699 SE 66th Ave

\_\_\_\_\_  
(Address)

Trenton FL 32693

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dominic Melpignano

\_\_\_\_\_  
(Name of Contact Person)

857 284-9679  
at (\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$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 OCT 31 PM 3:27  
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 limited liability company as it appears on the records of the Florida Department of State is: Automation Empires LLC

2. The Florida document/registration number assigned to this limited liability company is:  
122000124959

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2022-06-15

4. I, Mycoachace, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
COO  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Santhakrishnan*

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)