

L 22 000 163091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

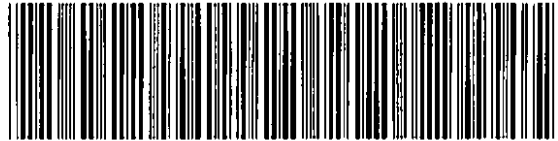
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

MAY - 3 2022

Office Use Only



300386803743

05/03/22 --01008--000 \*\*25.00

RECEIVED  
2022 MAY -3 PM 1:18  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FILED  
2022 MAY -3 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Capital City Auto Group 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:

Sylvia W. Bradwell

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

Capital City Auto Group LLC

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

1602 South Monroe Street

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

Tallahassee, FL 32301

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

For further information concerning this matter, please call:

Sylvia W. Bradwell

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

850 528-1642

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



FILED

2022 MAY -3 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Capital City Auto Group LLC
2. The Florida document/registration number assigned to this limited liability company is: L22000163091
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/01/2022
4. I, Jerome A. Davis, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Authorized Member  
(Print Title)

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

Jerome Davis  
Signature of Dissociating Member or Resigning Manager

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