L2200520856

(Re	equestor's Name)	<u> </u>
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	a #N
PICK-UP		MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	J DIII	' ")
	ET 7.3	_T a

Office Use Only



900420522009

12/20/23--01025--002 **55.00

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	LEARN TO DRIVE FLORIDA LL	С	
cobuLer.	(Name of Lin	nited Liability Con	ipany)
The enclosed	I member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Mark Allen			
	(Contact Person)		•
All Florida Saf	ety Institute		
	(Firm/Company)		-
822 AIA N Ste	2310		
	(Address)		-
Ponte Vedra, F	L 32082		
	(City/State and Zip Code)		-
For further ir	nformation concerning this mat	ter, please call:	
Mark Allen		904 at (806-8334
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple □ \$25 Filing	ase find a check made payable g Fee		epartment of State for: 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

.

CR2E079 (2/14)



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)

I GAI	limited liability company as it appears on the records of the Florida Department TO DRIVE FLORIDA LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
Ignette A Allen	, hereby withdraw/resign as a man of Person Resigning)
Member	
	(Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Janta	- Slen
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)