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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARSHOP INTERNATIONAL 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:

GILBERTO SANCHEZ

(Contact Person)

CARSHOP INTERNATIONAL LLC

(Firm/Company)

110 NE 2ND PL STE 303 # 30

(Address)

CAPE CORAL, FL 33909

(City/State and Zip Code)

For further information concerning this matter, please call:

GILBERTO SANCHEZ 239 247-4816

(Name of Contact Person) 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

**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: CARSHOP INTERNATIONAL LLC.

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

L23000388647

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/15/2024

4. I, FRANCISCO BUENO, hereby withdraw/resign as a
(Print Name of Person Resigning)

AP

(Print Title)

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

A handwritten signature in black ink, appearing to read "FRANCISCO BUENO".

Signature of Dissociating Member or Resigning Manager

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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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