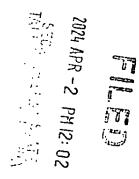
L23000408142

(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:				
Umills				
Office Use Only				



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04/02/24--01019--006 **25.00





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 Elorida Depar	rtment
of State is:	AUTOMOBILE REPAIR LLC		024 APR	
2. The Florida docu L23000408142	ument/registration number as	ssigned to this limited liabili	ty company is:	
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resig	n is: 2/29/2021	
	-HERRERA [ame of Person Resigning]			
(Print N	ame of Person Resigning)			
AMBR				
	(Print Title)			
of this limited lial resignation in wr	bility company and affirm th iting.	e limited liability company	has been notified	of my
Signature of Di	ssociating/Member or Resig	ning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	• •			

COVER LETTER

TO: Registration Section Division of Corporations

J&O AUTOMOBILE REPAIR	LLC	
	Limited Liability (Company)
The enclosed member, resignation or dis	sociation and fe	e(s) are submitted for filing.
Please return all correspondence concern	ning this matter t	o:
JUAN C OJEDA		
(Contact Person)		
J&O AUTOMOBILE REPAIR LLC		
(Firm/Company)		_
1230 ARLINGTON RD N		
(Address)		
JACKSONVILLE, FL 32211		
(City/State and Zip Code)		
For further information concerning this	matter, please ca	11:
JUAN C OJEDA	904 at (209-7855
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made paya		
■ \$25 Filing Fee	□ \$55 Fil	ing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314