

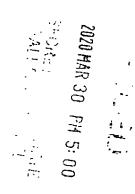
(R	Requestor's Name)	
A)	Address)	
	Address)	
(~	luuress)	
(0	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(É	Business Entity Nar	ne)
(C	Document Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	

Office Use Only



700342434547

03/30/20--01006--008 **25.00



O SIMMOTICE APR 1 4 2020

COVER LETTER

TO:

Registration Section

Div	ision of	Corporations				
SUBJECT:	AUTOMOTIVE CAPITAL RESOURCES LLC					
obbiger.		(Name of Foreign Limited Liability Company)				
Dear Sir or N	/ladam:					
The enclosed	l withdra	wal and fee(s) are submitte	d for filing.			
Please return	all corn	espondence concerning this	matter to the following	:		
CARLOS O	RTEGA					
		(Name of Person)		-		
AUTOMOT	IVE CA	PITAL RESOURCES LLC				
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	-		
6330 MANO	or lan	E #200B				
-		(Address)		-		
MIAMI, FL	33143					
	, -	(City/State and Zip Cod	e)			
For further in	nformatio	on concerning this matter, p	lease call:			
CARLOS O	RTEGA		786 at (897-3709		
	(Na	me of Person)		Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:		Regist Divisi P.O. E	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
■ \$25 Filing	; Fee	□ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AUTOMOTIVE	CAPITAL RESOURCES LLC	
	(Name of limited liability company)	202
FLORIDA		2020 MAR 30
	(Jurisdiction of its organization)	- 2
12/24/2009		0
	(Date registered with Florida Department of State)	
M09000005048		5: 0
	(Florida Document Number)	-: -0
(If an effective more than 90 d Note: If the da	date is listed, the date must be specific and cannot be prior to days after filing.) te inserted in this block does not meet the applicable statutory to be listed as the document's effective date on the Department	filing requirements,
	(Signature of authorized representative)	
	CARLOS ORTEGA	
	(Typed or printed name of signee)	

Filing Fee: \$25.00