M1200004490

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

B. KOHR

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EXAMINER



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2012

SUSAN THOMAS CENTRAL FLORIDA AUTO BROKERS, LLC 3310 SALOMAN LANE CLERMONT, FL 34711

SUBJECT: CENTRAL FLORIDA AUTO BROKERZ, LLC

Ref. Number: M12000004490

We have received your document for CENTRAL FLORIDA AUTO BROKERZ, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because CENTRAL FLORIDA AUTO BROKERS, LLC is a Delaware company, it would not file a Florida LLC Dissolution.

Please complete, sign, and submit the enclosed Foreign LLC Withdrawal Form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 812A00023565

COVER LETTER

TO: Registration Se Division of Cor			•		
CEN	TRAL FLORIDA	A AUTO BRO	KERS, LLC OKERZ, LLC ompany)		
SUBJECT: CEA	STRAL FLORI	DA AUTO BR	DKERZ LLC		
	(Name of For	eign Limited Liability C	ompany)	- 10 10 10 10 10 10 10 10 10 10 10 10 10	
		•		PC C	
Dear Sir or Madam:				THE STATE OF THE S	
The enclosed withdrawa	l and fee(s) are submitte	d for filing.		To the state of th	
Please return all correspondent	ondence concerning this	matter to the following:		700	
Sugar 7				9	
SUSAN 7	(Name of Person)				
	,				
0	- 1 ·	0	110		
CENTRAL F	Firm/Company)	BROKERZ,	.660		
	(Filli/Company)				
3310 SA	(Address)	JE			
	(Address)				
1. = 0 = 0 + 1	- E1 34	1711			
CLERMON	FL 34 (City/State and Zip Cod	e)			
				,	
For further information	concerning this matter, p	olease call:			
DUSAN-	THOMAS	at (<u>407</u>)	497 9492 Daytime Telephone Number)		
(Name	of Person)	(Area Code &	Daytime Telephone Number)		
STREET/COU Registration Se	URIER ADDRESS:		ING ADDRESS: ation Section		
Division of Co	rporations	Division of Corporations			
Clifton Buildin 2661 Executive		P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Fl		Tananassey, Tornac Sast 1			
Enclosed is a check for	the following amount:				
□ \$25 Filing Fee	■ \$30 Filing Fee &	□ \$55 Filing Fee &	□ \$60 Filing Fee,		
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN **FLORIDA** (Jurisdiction of its organization) M 12000004490
(Florida Document Number) This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state. This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida. 3310 SALOMAN LANE
(Mailing address) The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. (Signature of member or authorized representative of a member) SUSAN THOMAS (Typed or printed name of signee)

Filing Fee: \$25.00