

M21000013520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

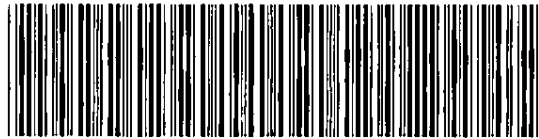
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

REC 10/23/23

Office Use Only



100415962541

11/03/23--01002--001 ♦♦25.00

FILED  
2023 OCT 23 PM 4:05  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GLOBAL MOTORS FLEET 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:

PETE R. RODRIGUEZ

(Contact Person)

GLOBAL MOTORS FLEET, LLC

(Firm/Company)

482 W. Landstreet Rd.

(Address)

Orlando, FL 32827

(City/State and Zip Code)

For further information concerning this matter, please call:

Pete R. Rodriguez

443

7141482

at ( )

(Name of Contact Person)

(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: GLOBAL MOTORS FLEET, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
M21000013520

3. The date this member/manager withdrew/resigned or will withdraw/resign is: October 18, 2023

4. I, Cecilia B. Dos Reiss, 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 "Cecilia B. Dos Reiss", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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

FILED  
2023 OCT 23 PM 4:05  
TALLAHASSEE, FLORIDA