

119900000921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. RAMSEY

OCT 22 2024

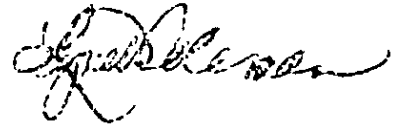
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 651814 7922643

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : September 19, 2024

ORDER TIME : 4:06 PM

ORDER NO. : 651814-255

CUSTOMER NO: 7922643

FOREIGN FILINGS

NAME: ASBURY AUTOMOTIVE CENTRAL  
FLORIDA, L.L.C.

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Miller - EXT#

EXAMINER: \_\_\_\_\_

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OFFICE OF CLERK OF STATE  
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Asbury Automotive Central Florida, L.L.C.

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

06/21/1999

\_\_\_\_\_  
(Date registered with Florida Department of State)

M99000000921

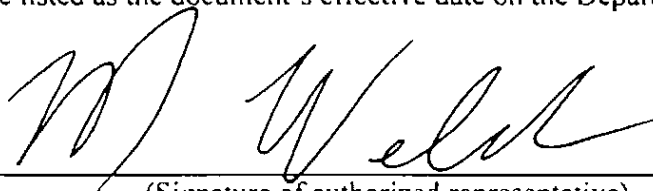
\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



\_\_\_\_\_  
(Signature of authorized representative)

Michael Welch

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**