

L21 0000 32832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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STATE OF OHIO  
DIVISION OF REVENUE

02/18/21--01016--007 ++25.00

APR 07 2021

R. HUNT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PERFECT DEAL 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:

JOSEP ALEXIS DOMINGUEZ WONG  
\_\_\_\_\_  
(Contact Person)

PERFECTL DEAL LLC  
\_\_\_\_\_  
(Firm/Company)

468 NE 206 LANE APT 203  
\_\_\_\_\_  
(Address)

MIAMI, FL 33179  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH ALEXIS DOMINGUEZ WONG      786      395-7679  
\_\_\_\_\_ 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: PERFECT DEAL LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L21000032832

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/08/2021

4. I, JOSEPH ALEXIS DOMINGUEZ WONG, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

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

2021 FEB 16 PM 12:07  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE