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## , COVER LETTER

Division of Corporations
SUBJECT: AUTOMOTIVE SPECIALIST OF FLORIDA (Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tomorthomas Turano (Name of Person)
Automotive specialist of Floridalle (Firm/Company)
1541 Naples Cir (Address)
Deltona Fla 32738 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) B14-5050  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Scertificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

#### **MAILING ADDRESS:**

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF DISSOLUTION SECRETARY OF STATE A LIMITED LIABILITY COMPANYISION OF CORPORATIONS

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