

209 0000 72644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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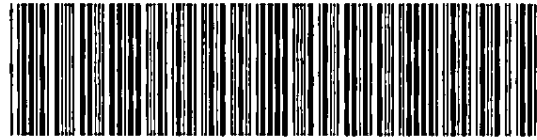
(Business Entity Name)

(Document Number)

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O SIMMONS
FEB 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Performance Auto Collision of Cutler Bay, 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:

Raul R. Lopez

(Contact Person)

Gastesi Lopez & Mestre, PLLC

(Firm/Company)

8105 NW 155 Street

(Address)

Miami Lakes, FL

(City/State and Zip Code)

For further information concerning this matter, please call:

Raul Lopez

305 332-5241
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

