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*max resignation*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bay City Customs, 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:

Jeffrey A. Parry

(Contact Person)

(Firm/Company)

1320 Fairfax Circle East

(Address)

Boynton Beach, FL 33436

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey A. Parry

(Name of Contact Person)

at ( 888 ) 288 - 2299

(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

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

FILED  
14 OCT 24 PM 4:01  
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RECEIVED  
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