

4150000147580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

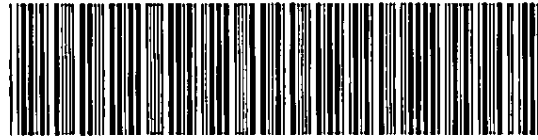
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Talk to Paul

Office Use Only



500301365485

07/24/17--01030--019 **25.00

FILED
17 JUL 24 PM 4:20
DIVISION OF CORPORATIONS

O SIMMONS

JUL 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RITE PRICE AUTO SALES LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAUL A. CABRAL
Name of Person

RITE PRICE AUTO SALES LLC
Firm/Company

9105 NW 27TH AV.
Address

MIAMI FL 33147
City/State and Zip Code

ritepriceauto sales01@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAUL CABRAL at (786) 443-4006
Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy



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: RITE PRICE AUTO SALES LLC

2. The Florida document/registration number assigned to this limited liability company is: L15000047580

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/30/17

4. I, PAUL A. CABRAL JR., hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMBER
(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)

FILED
17 JUL 24 PM 4: 20
DIVISION OF CORPORATIONS