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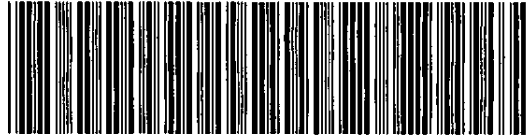
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: conar general supplier 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:

Luis E Contreras Artigas
(Contact Person)

conar general supplier llc
(Firm/Company)

6765 narcoossee Rd unit 124
(Address)

Orlando FL 32822
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis E Contreras 407 800 6198
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

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

