

L16 0000 54121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

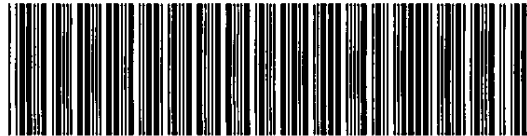
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900286694239

06/14/16--01020--021 **25.00

2016 JUN 13 PM 12:40
TALLAHASSEE, FLORIDA

2016 JUN 14 AM 7:24
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMONSA1, 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:

GUILLERMO GONZALEZ

(Contact Person)

UNLIMITED TITLE GROUP

(Firm/Company)

2400 NW 87 PL

(Address)

DORAL, FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

GUILLERMO GONZALEZ

(Name of Contact Person)

at (305) 269-9087

(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

CR2E079 (2/14)