

Unrecorded
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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(((H16000137296 3)))



H16000137296ABC2

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : EXPRESS ACCOUNTING AND INCOME TAX SVCS CORP.
 Account Number : I20060000141
 Phone : (561)929-6899
 Fax Number : (954)788-7400

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 UNITED AUTO SALES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JUN 07 2016

S. YOUNG

2016 JUN -6 AM 9:55

RECEIVED
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

H1600001372963

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNITED AUTO SALES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANIBAL QUINTAO

Name of Person

Firm/Company

3927 N FEDERAL HWY

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

ANIBALQUINTAO@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANIBAL QUINTAO

561

929-6899

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

16 JUN -6 AM 11:01

TALLAHASSEE, FL 32301

1416000137296

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

05/17/2016

L16000096615

7-10-68

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(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

Enter Florida street address

_____, Florida _____
City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H160001372963

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	ANIBAL QUINTAO	4650 SW 51 STREET #719	<input type="checkbox"/> Add
		DAVIE, FL 33314	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

TAIL AHASSEE, FL 32080
16 JUN - AM 11:01

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

H160001372963

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.027 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest of:
(b) The 90th day after the record is filed.

Dated 05/05, 2016

Signature of a member or authorized representative of a member

ANIBAL QUINTAO

Typed or printed name of signer

TO JUN - 6 AM 11:01
ILLINOIS STATE