

L16000 105289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

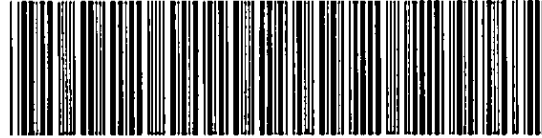
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/10/20--01038--017 \*\*25.00

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2020 AUG 10 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 10/01/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sonic Lock N Tow, 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:

Skyel Sagee

(Contact Person)

Sonic Lock N Tow, LLC.

(Firm/Company)

3389 Sheridan St #501

(Address)

Hollywood, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

Skyel Sagee

954

479-1984

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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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: Sonic Lock N Tow, LLC.

2. The Florida document/registration number assigned to this limited liability company is:  
L16000105289

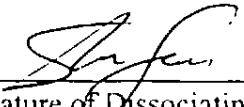
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/1/2020

4. I, WOLFF, CHRISTOPHER, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(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)

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2020 AUG 10 PM 3:39  
SECRETARY OF STATE  
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