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## **COVER LETTER**

**Division of Corporations** PINEDAS TRUCK REPAIRS LLC SUBJECT: (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: CARLOS E PINEDA (Contact Person) PINEDAS TRUCK REPAIRS LLC (Firm/Company) 5923 CAUSEWAY BLVD (Address) **TAMPA, FL 33619** (City/State and Zip Code) For further information concerning this matter, please call: CARLOS E PINEDA 813 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

TO:

Registration Section



## 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)

		s it appears on the records of the	e Florida Department
of State is:	PINEDAS TRUCK REPAIRS		·
2. The Florida docu L17000001284	ument/registration number a	assigned to this limited liability	company is:
ANDV AFONSO	2	signed or will withdraw/resign i	
(Print N	ame of Person Resigning)	, hereby withdraw/resign	u, u
٨	иGR		
	(Print Title)		
resignation in wr		he limited liability company has	S been notice of STATE TALLAHASSEE, FL
	\$25.00 (Required) \$30.00 (Optional)		FATE