L18000 130320

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
-		
	333333 <u>.</u>	





700330201017

06/13/18--01015--016 **55.00

Beotenation

JUN 2 6 2019 I ALBRITTON

COVER LETTER

Division of Corporations		
SUBJECT: People's Choice Collision (Name of Limited Liability Company)		
(Name of Entitled Clabinty Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Arthur Cotugno/Louis Tieso (Confact Person)		
People's Choice Collision (Firm/Company)		
1081 S Dixie Huy, Unit 5W		
Pompano Beach FL 33060 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Arthur Cotuano a, 954, 3943185		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$25 \text{ Filing Fee & Certified Copy}\$		

STREET/COURIER ADDRESS:

Registration Section

TO:

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

CR2E079 (2/14)

MAILING ADDRESS:

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





DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

of State is: People's Choice Collision L.L.C.
2. The Florida document/registration number assigned to this limited liability company is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5.4.19 4. I, DAL M. Flora, hereby withdraw/resign as a (Print Name of Person Resigning) Manager Manager
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
Signature of Dissociating Member or Resigning Manager

\$25.00 (Required) \$30.00 (Optional)

Filing Fee:

Certified Copy: