

L19000247597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

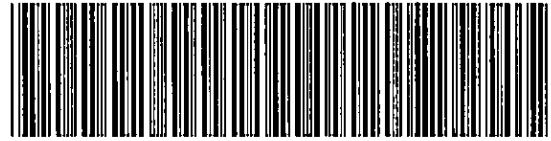
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500344025245

05/05/20--01008--000 **25.00

RECEIVED

MAY 04 2020

R WHITE
MAY 20 2020

547117:45

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRINTO PRESTO, 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:

DON POWELL

(Contact Person)

PRINTO PRESTO, LLC.

(Firm/Company)

184 MARION OAKS BLVD UNIT E & F

(Address)

OCALA, FL 34473

(City/State and Zip Code)

For further information concerning this matter, please call:

Don Powell at (352) 4279368

(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

