

h20 000231627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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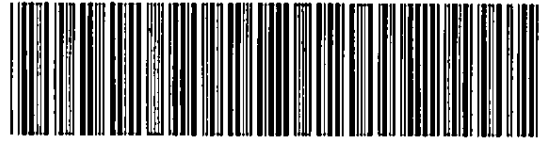
(Business Entity Name)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DORAL AUTO GROUP, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Wilke  
Name of Person

Lewis Brisbois  
Firm/Company

110 S.E. 6th Street, Suite 2600  
Address

Fort Lauderdale, Florida 33301  
City/State and Zip Code

Cheryl.Wilke@lewisbrisbois.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERYL WILKE at (954) 4154044  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

