

# L21000120819

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

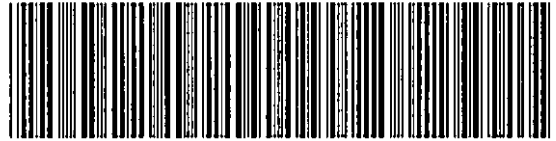
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wong Five 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:

Gary & Suzanne Wong

\_\_\_\_\_  
(Contact Person)

Wong Five LLC

\_\_\_\_\_  
(Firm/Company)

140 NE 27th Ave

\_\_\_\_\_  
(Address)

Homestead FL 33033

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Wilson-Wong

\_\_\_\_\_  
(Name of Contact Person)

at ( 786 ) 300-9369

(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

