

L24 0000 66105

✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

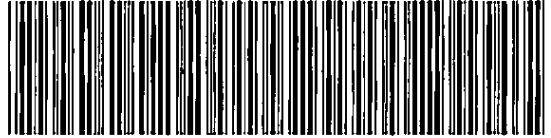
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100433817881

07/23/24--01012--00- \*\*

2024 JUN 23 PM 4:26

***Auto Gallery of Florida, LLC.***

July 26, 2024

Registration Section  
Division of Corporations Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32314

Dear Sirs,

I have enclosed a check for \$25 and the amendment filing to remove an officer. I can be reached on the number below if you have any questions.

Thank you in advance.

Regards,

A handwritten signature in black ink, appearing to read 'David Cohen', with a long horizontal flourish extending to the right.

David Cohen

***5550 Glades Road, Suite 410, Boca Raton, FL 33431  
Phone: 561-512-3030***

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Auto Gallery of Florida, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Cohen

\_\_\_\_\_  
Name of Person

Auto Gallery of Florida, LLC

\_\_\_\_\_  
Firm/Company

5550 Glades Road, Suite 410

\_\_\_\_\_  
Address

Boca Raton, FL 33431

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

david@autogalleryfl.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Cohen

561 512-3030  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.



David Cohen

Typed or printed name of signee