

L24 0000 74382

VN

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

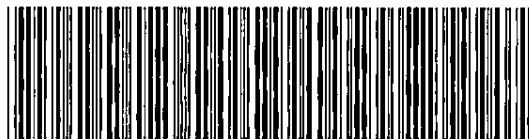
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Titus Tires Garage 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:

Maina Tistan
(Contact Person)

(Firm/Company)

1715 hwy 98 W
(Address)

Mary Esther FL 32569
(City/State and Zip Code)

For further information concerning this matter, please call:

Maina Tistan at (850) 503-9269
(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Thurs Tires Garage LLC

2. The Florida document/registration number assigned to this limited liability company is:

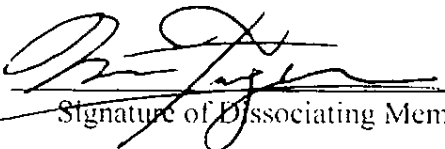
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3. The date this member/manager withdrew/resigned or will withdraw/resign is: Dec. 9, 2024

4. I. Manna Tristan, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

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

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
VALENTIN TRISTAN JR
4533 GENTRY FARMS DR
MILTON, FL. 32583

Title: AP
VALENTIN M TRISTAN SR
4533 GENTRY FARMS DR
MILTON, FL. 32583

Title: AMBR
MARINA TRISTAN MS.
4533 GENTRY FARMS DR
MILTON, FL. 32583

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FILED 8:00 AM
February 09, 2024
Sec. Of State
jafason

Article V

The effective date for this Limited Liability Company shall be:

02/12/2024

Signature of member or an authorized representative

Electronic Signature: CLAUDIA RAMONA GARCIA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L24000074382
FILED 8:00 AM
February 09, 2024
Sec. Of State
jafason**

Article I

The name of the Limited Liability Company is:

TITO'S TIRES GARAGE LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1715 WEST HIGHWAY 98
MARY ESTHER, FL. 32569

The mailing address of the Limited Liability Company is:

1715 WEST HIGHWAY 98
MARY ESTHER, FL. 32569

Article III

The name and Florida street address of the registered agent is:

CLAUDIA R GARCIA MRS.
1715 WEST HIGHWAY 98
MARY ESTHER, FL. 32569

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CLAUDIA RAMONA GARCIA