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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

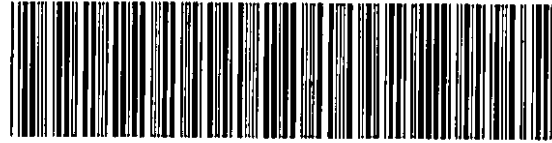
(Business Entity Name)

(Document Number)

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AUTO AUCTION EXPORT 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:

PLATON ALEXANDRAKIS  
Name of Person

ALEXANDRAKIS LAW PLLC.  
Firm/Company

110 HERRICK WAY SUITE 3A  
Address

CORAL GABLES, FL 33134  
City/State and Zip Code

ALEXANDRAKIS LAW@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PLATON ALEXANDRAKIS at ( 786 ) 853.4769  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PLATON ALEXANDRAKIS	110 HERRICK WAY	<input checked="" type="checkbox"/> Add
		SUITE 3A, CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
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Lined area for text entry.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

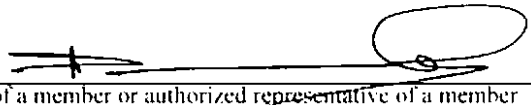
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 10/9 \_\_\_\_\_, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

PLATON ALEXANDRAKIS  
\_\_\_\_\_  
Typed or printed name of signee

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OFFICE OF THE CLERK  
DEPARTMENT OF STATE