

LO2 0000 34824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

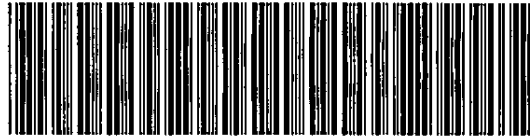
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2015
J SHIVERS

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: Fleet Wheels, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L02000034824

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Mott
Name of Person

Fleet Wheels, LLC
Name of Firm/Company

1515 N Congress Ave Ste A
Address

Delray Beach, FL 33445
City/State and Zip Code

gary.mott@fldinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Mott at (561) 266-8709
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Laurie Conn, hereby resigns as

Name of Registered Agent

Registered Agent for Fleet Wheels, LLC

Name of Limited Liability Company

L02000034824

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Laurie Conn

Signature of Resigning Agent

If signing on behalf of an entity:

Laurie Conn

Typed or Printed Name

Secretary

Capacity

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TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**