

LI 000029 530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

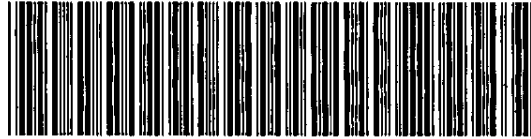
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 16 AM 7:25

MAY 20 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AN. CAR. FLORIDA, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L11000129530

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:

CARLO MASSARO
Name of Person

Name of Firm/Company

1893 CATO CT, B-3
Address

INDIALANTEC, FL 32903
City/State and Zip Code

Cmassaro1961@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLO MASSARO at (321) 525-9443
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

WF ACCOUNTING, INC

Name of Registered Agent

, hereby resigns as

Registered Agent for

AN. CAR. FLORIDA, LLC

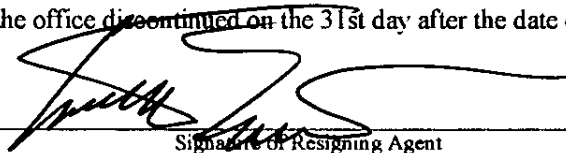
Name of Limited Liability Company

L11000129530

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.



Signature of Resigning Agent

If signing on behalf of an entity:

WILLIAM FRANCO

Typed or Printed Name

PRESIDENT

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

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withdrawn limited liability company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY 16 AM 7:25

FILED

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