

M21000007689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

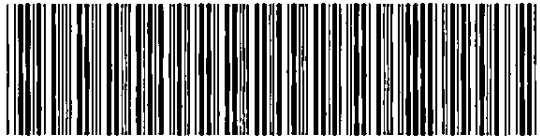
(Business Entity Name)

(Document Number)

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05/17/24--01005--003 \*\*60.00

04/03/24--01013--019 \*\*25.00

FILED  
2024 MAY 17 AM 7:26  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

PC LUBES, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M21000007689 \_\_\_\_\_

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:

Adam Tatum

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

Virginia Lube, INC

\_\_\_\_\_  
Name of Firm/Company

PO Box 6818

\_\_\_\_\_  
Address

Charlottesville, VA 22906

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

vccontroller@valube.com

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

For further information concerning this matter, please call:

Kylene Sprouse

434

974-7408

\_\_\_\_\_  
Name of Person at ( \_\_\_\_\_ ) \_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

Northwest Registered Agent LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for PC Lubes LLC

Name of Limited Liability Company

Limited Liability Company M21000007689

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:

Kylene Sprouse

Typed or Printed Name

Financial Controller

Capacity

### 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

INHS17 (2/14)

2024 MAR 17 AM 7:26  
FILED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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817511 12.50  
817512 12.50

