

h01 0000 20223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

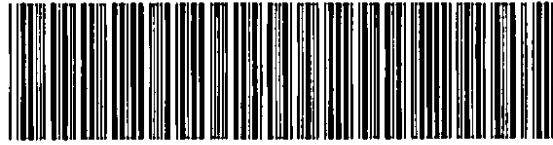
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400393051784

09/01/22--01018--010 \*\*85.00

2022 SEP - 1 PM 2:45

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THUNDERBOLT & LIGHTFOOD CARTRADERS,LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L01000020223

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:

CLAUS DIRNBACHER

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

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

FUHRMANNSGASSE 17

\_\_\_\_\_  
Address

1080 VIENNA AUSTRIA

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

c@dirnbacher.fm

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

For further information concerning this matter, please call:

Claus Dirnbacher

+1 431 535-4800

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2022 SEP - 1 PM 2:45

CLERK  
D

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

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

MARTIN SCHULZ \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for THUNDERBOLT & LIGHTFOOT CARTRADERS, LLC

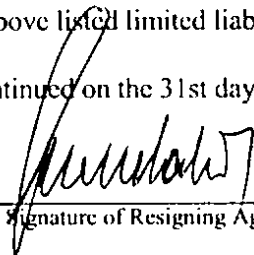
\_\_\_\_\_  
Name of Limited Liability Company

L01000020223

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

FILED  
2022 SEP -1 PM 2:45  
TALLAHASSEE, FL

## 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