Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & Account Number | 076077001702

: (407)841-1200 Phone fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dipearce@cvfamilycorp.com

LLC REGISTERED AGENT RESIGNATION ARGUE AUTOMOTIVE ACCESSORIES, L.L.C.

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the	undersigned,			
Dean Mead Servi	ces, LLC	, hereby resigns as			
	Name of Registered Agent				
Registered Agent for	Argue Automotive Accessorles, L.L.C),			
	Name of Limited Liability Company		_		
L03000011321					
Document	Number, if known				
A convintation resigns	ation was mailed to the above listed limited lial	bility company at its last know	vn ad	dress.	
The agency is termina	Dean Mend Services, L.C. By: Signature of Resigning A				
ro i de la contrabalda	Con ontitu	;	Ţ	281	
If signing on behalf o	Marc D. Chapman			1001	E E
	Typed or Printed Name		· .	(C)	17
	President of Sole Member				•
	Capacity		-	Ţ*·	
				0.00	
	FILING FEES: \$ 85.00 Active limited Ilemited \$ 25.00 Administratively 4	lity company ssolved/voluntarily dissolve	 ed/	ပ	
	withdrawn limited	liability company			

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 33314

INHS17 (2/14)