

206000103383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

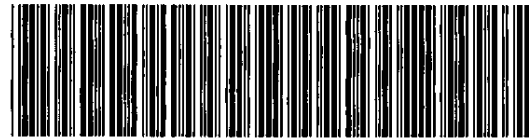
(Business Entity Name)

(Document Number)

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

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FILED  
2014 JUL -7 PM 3:03  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Resignation  
DO RA

\* 00678, 00671

ASR  
7/22/14



## Kronhaus Law Firm, P.A.

Julie W. Kronhaus, J.D., LL.M., M.ACC., C.P.A.  
VA Accredited Attorney

1936 Howell Branch Road  
Winter Park, FL 32792  
(407) 645-5477 Office  
(407) 539-6111 Facsimile

j.kronhaus@att.net  
www.kronhauslaw.com

July 1, 2014

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Resignation of Registered Agent - Tri-Auto Services, L.L.C.

Enclosed you will find the following:

1. Statement of Resignation of Registered Agent
2. Check # 1825 in the amount of \$85.00.

Thank you for your assistance with this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle M. Guessetto". The signature is fluid and cursive, with a large, stylized initial "M".

Michelle M. Guessetto  
Florida Registered Paralegal

/mmg  
Encl.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tri - Auto Services, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 106000103383

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:

Julie Kronhaus

Name of Person

Name of Firm/Company

1936 Howell Branch Road

Address

Winter Park FL 32792

City/State and Zip Code



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

For further information concerning this matter, please call:

Julie Kronhaus

Name of Person

at

407

Area Code

245-5477

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Julie Kronhaus

Name of Registered Agent

Registered Agent for

Tri - Auto Services, LLC

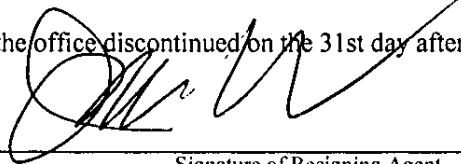
Name of Limited Liability Company

LO6000103383

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

**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**

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

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

Julie Kronhaus, hereby resigns as  
Name of Registered Agent

Registered Agent for Tri - Auto Services, LLC

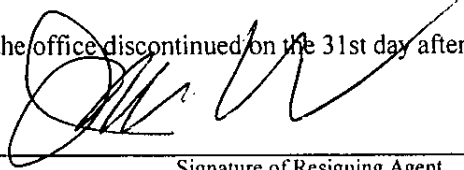
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Signature of Resigning Agent

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