0036900

| (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: |
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Office Use Only



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11/08/10--01036--025 **25.00

T. HAMPTON

NOV - 9 2010

EXAMINER

COVER LETTER

| SUBJECT: The Ideal Garage of Florida LLC Name of Limited Liability Company | | | | |
|---|--|--|--|--|
| Name of Limited Liability Company | | | | |
| DCUMENT NUMBER: <u>L07000036900</u> | | | | |
| 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: | | | | |
| Susan Mitchell Name of Person | | | | |
| Name of Person | | | | |
| Name of Firm/Company | | | | |
| 2409 Prairie Place | | | | |
| Address | | | | |
| Lutz, FL 33549 | | | | |
| City/State and Zip Code | | | | |
| | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Susan Mitchell at (813) 948-7412 Name of Person Area Code & Daytime Telephone Number | | | | |
| Area Code & Daytine 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section Division of Corporations

TO:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of se | ction 608.416(2) or 608.50 | 9, Florida Statutes, the undersigned, | |
|-----------------------------------|---|--|---|
| Susan Mitchell | | , hereby resigns as | |
| Name o | of Registered Agent | | |
| Registered Agent for | The Ideal (| Garage of Florida LLC | |
| | Name of Limited Liability C | Company | · · · · · · · · · · · · · · · · · |
| | | • | |
| L070000369 | 00 | | |
| Document Number, if | known | | |
| A copy of this resignation was a | mailed to the above listed li | imited liability company at its last kr | nown address. |
| The agency is terminated and th | ne office discontinued on th | e 31st day after the date on which th | is statement is filed. |
| | Lusur Miles Signature of I | Resigning Agent | |
| If signing on behalf of an entity | | | <u>~</u> |
| | | | |
| | Typed or Printed | Name | FILESCRETARY |
| | Capacity | | FILE ARY OC |
| · | | | OF STATE OF |
| | | | |
| | FILING FEES: | | 2. 110 |
| | \$ 85.00 Active lim \$ 25.00 Administra withdrawn | ited liability company atively dissolved/ voluntarily dissol n limited liability company | ved/ |

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