

L07 0000082496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

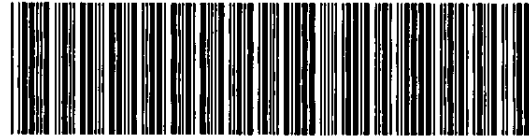
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200255294372

01/10/14--01016--014 **85.00

FILED
14 APR -4 PM 4:55
SECRETARY OF STATE
INDIANAPOLIS, INDIANA

PA
Resign.
4-9-14
DC

139
3521



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2014

CHRIS RUSSELL
4201 BAYMEADOWS RD STE 4
JACKSONVILLE, FL 32217

SUBJECT: WHOLESALE AUTO NETWORK LLC
Ref. Number: L07000082496

We have received your document for WHOLESALE AUTO NETWORK LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the typed name and capacity of the person signing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00001240

RECEIVED

14 APR -4 AM 8:29

REGISTRATION/QUALIFICATION SECTION
DIVISION OF CORPORATIONS
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wholesale Auto Network, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000082496

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:

Chris Russell
Name of Person

Hunter & Associates, PA
Name of Firm/Company

4201 Baymeadows Rd., Ste. 4
Address

Jacksonville, FL 32217
City/State and Zip Code

crussell@huntercpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Russell at (904) 731-9222
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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,

Chris Russell _____, hereby resigns as

Name of Registered Agent

Registered Agent for **Wholesale Auto Network, LLC**

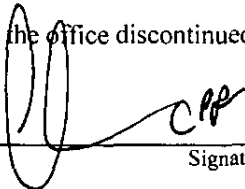
Name of Limited Liability Company

L07000082496

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.

 _____ **Chris Russell**
Signature of Resigning Agent

If signing on behalf of an entity:

Chris Russell

Typed or Printed Name

Certified Public Accountant

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**

FILED
14 APR - 4 PM 4: 55
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA