

LB 700106882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

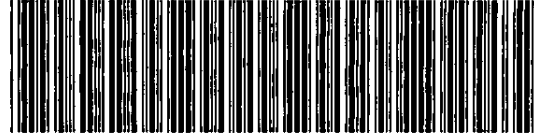
(Business Entity Name)

(Document Number)

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

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15 OCT 21 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 22 2015  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EZ AUTO SALES OF LAKE COUNTY, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000106882

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:

RIMA J CHAHINE

Name of Person

EZ AUTO SALES OF LAKE COUNTY, LLC

Name of Firm/Company

1018 W NORTH BLVD S2

Address

LEESBURG, FL 34748

City/State and Zip Code

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

For further information concerning this matter, please call:

RIMA J CHAHINE

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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15 OCT 21 PM 12:26  
TALLAHASSEE, FL  
CORPORATION DIVISION

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

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

MICHAEL C NORVELL PA

Name of Registered Agent

, hereby resigns as

Registered Agent for EZ AUTO SALES OF LAKE COUNTY LLC

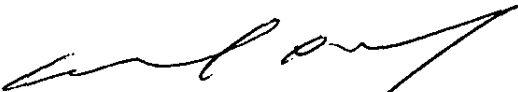
Name of Limited Liability Company

L07000106882

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:

MICHAEL C NORVELL

Typed or Printed Name

PRESIDENT

Capacity

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILED  
OCT 21 PM 12:20  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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