## L07000109239

(Re	equestor's Name)		
' (Address)			
• (Address)			
(Cit	ty/State/Zip/Phone	· #)	
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(Document Number)			
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RA Résign

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## COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Greencarwash, LLC Name of Limited	Liability Company
DOCUMENT NUMBER: L07000109239	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	tter to the following:
Michael J. Marrero Name of Person	
Percow Radell & Fernandez, PA Name of Firm/Company	
200 South Biscayne Blvd., Suite 850 Address	
Miami, Florida 33131  City/State and Zip Code	
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, please	se call:
Michael J. Marriero at (30  Name of Person Ar	25 ) 377-6238 ea Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Deliability company or \$25.00 for an administratively climited liability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
· · · · · · · · · · · · · · · · · · ·	Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 6	508.416(2) or 608.509, Flor	ida Statutes, the undersigned,
Michael J. Marr		, hereby resigns as
Name of Regis	ered Agent	-
Registered Agent for <u>Greenca</u>	rwash, LLC	
Nar	ne of Limited Liability Company	у,
L07000109239		
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	ce discontinued on the 31st	day after the date on which this statement is filed.
	Signature of Resignin	ng Agent
If signing on behalf of an entity:		
	$\mathcal{N}/A$	
	Typed or Printed Name	`#:
	NA	
	Capacity	
		44
F	ILING FEES:	· · · · · · · · · · · · · · · · · · ·
\$	85.00 Active limited lia 25.00 Administratively	ability company of dissolved/ voluntarily dissolved/ ed liability company

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