# L0800001678Z

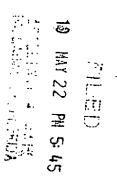
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### **COVER LETTER**

	e of Limited Liabil	ty Company
DOCUMENT NUMBER: L08000016	782	
The enclosed Resignation of Registered for filing.	Agent for a Limit	ed Liability Company and fee are submitted
Please return all correspondence concert	ning this matter to	the following:
Corinne P. McClure, Senior Paraleg	al	
Name of Person		
McGuireWoods LLP		
Name of Firm/Compan	v.	_
50 North Laura Street, Suite 3300		
Address		_
Jacksonville, FL 32202		
City/State and Zip Code	e	_
cmcclure@mcguirewoods.com		
E-mail address: (to be used for future annu	al report notification)	_
or further information concerning this i	matter, please call	:
Corinne McClure	904	798-3294 e Daytime Telephone Number
Name of Person	Area Cod	e Daytime Telephone Number

### MAILING ADDRESS:

**TO:** Registration Section Division of Corporations

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 provi	isions of section 605.0115, Florida Statutes, the un	ndersigned,			
RAX Co.		haraby racim	) 10 no -	ાંક્રિકે	
	Name of Registered Agent	, hereby resign	15 (15	MM	•
Registered Agent for	JTI Commercial Steel Wheels LLC		•	Y 22	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
				골	<u>1501</u>
	Name of Limited Liability Company		(1) (1)	5: 45	·
L08000016782			<del>&gt;-</del> -	ਹਿ	
Documen	Number, if known				
A copy of this resign	ation was mailed to the above listed limited liabil	ity company at its	last know	a addr	ess.
The agency is termin	nated and the office discontinued on the 31st day a	fier the date on w	hich this st	ateme	nt is filed.
	Signature of Resigning Age	nı.			
If signing on behalf o	of an entity:				
	Lisa O. Taylor				
	Typed or Printed Name				
	President				
	Сарасіtу				

\$ 85.00 Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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