Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

· Account Name

: ALA REGISTERED AGENT INC.

Account Number : 120090000032 Phone

: (866)703-8828

Fax Number

; (561)202-8092

**Enter the email address for this business entity to be used for annual report mailings, Enter only one email address please, **

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LLC REGISTERED AGENT RESIGNATION MOBILE CYCLE SERVICES LLC

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TD: 18506176383

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RESIGNATION OF RECISTERED AGENT FOR A LIMITED LIABILITY COMPANY

			· 美一
Pursuant to the provisions of	section 608.416(2) or 608.509, Florida S	tatutes, the undersigned.	過少し
A1A REGI	STERED AGENT INC.	, hereby resigns as	SER OF T
Nam	e of Registered Agent		节 美
Registered Agent for	MOBILE CYCLE SE	RVICES LLC	5, 26 9; 26
	Name of Limited Liability Company		77
L08000108			
Dogument Number	H'known		
A copy of this resignation wa	is mailed to the above listed limited liabili	ity company at its last known	address.
The agency is terminated and	the office discontinued on the 31st day a	for the date on which this st	atement is filed.
_	Ima Phalisigning Age	ini .	
If signing on behalf of an ent	ity:		•
	TINA MAKI		
	Typed or Printed Name		
-	PRESIDENT		
	Capacity		

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withdrawn limited liability company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 F.O. Box 6327 Tallahassee, FL 32314

INHS17 (08/05)

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