

L08000/16928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

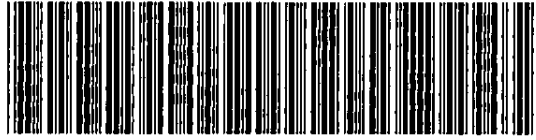
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400162768484

11/16/09--01033--015 **85.00

FILED
2009 NOV 16 P 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*RA Resign
Teevs
11-19-09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A - I STOP AUTO SHOP LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 0800011692P

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:

GERALD W. ULMER
Name of Person

A - I STOP AUTO SHOP LLC
Name of Firm/Company

3764 S. HOPKINS AVENUE
Address

TITUSVILLE, FL 32780
City/State and Zip Code

Jerry@JerrysAutoAid.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERALD ULMER at (321) 269-7554
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

BRENDA Bony, CPA, LLC, hereby resigns as
Name of Registered Agent

Registered Agent for A-I STOP Auto Stop, LLC

Name of Limited Liability Company

LP 000 11692P
Document Number, if known

FILED
2008 NOV 16 P 4: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Brenda Bony
Signature of Resigning Agent

If signing on behalf of an entity:

BRENDA Bony
Typed or Printed Name

MANAGING MEMBER
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**