

LOG 000034736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

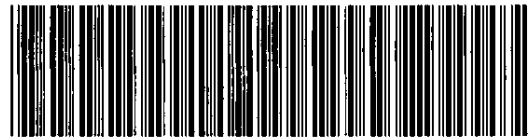
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000186298080

10/06/10--01007--005 **25.00

FILED
10 OCT -6 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT -7 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Temple Auto Sales, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000034736

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:

Crystal Davenport-Harris
Name of Person

Name of Firm/Company

P.O. Box 366
Address

Windermere, FL 34786
City/State and Zip Code

jazzcd99@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Davenport-Harris at (407) 488-3672
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
10 OCT -6 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

Crystal Davenport-Harris, hereby resigns as
Name of Registered Agent

Registered Agent for Temple Auto Sales, LLC

Name of Limited Liability Company

209000034736

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.

Crystal Davenport-Harris
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
10 OCT -6 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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