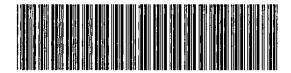
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SECRETARY OF STATES

J. SAULSBERRY EXAMINER APR 22 2011

COVER LETTER

то:	Amendment Section Division of Corporations

SUBJECT:	EXCELL N Name of Limit	MOTOR	S LLC	nv			
DOCUMENT NUMBER:		L10000	•	•			
The enclosed Resignation of Refor filing.	gistered Agent fo	or a Limite	d Liabil	ity Company ar	nd fee are	subm	itted
Please return all correspondence	concerning this	matter to	the follo	wing:			
Mechelle (George		_				
name of P	erson						
Name of Firm	Company		-		TAI	. 201	
2591 Pine Fo			_		CRET	2011 APR 20 PM 12: 36	77
Addre	SS				ARY	20	
Cantonment, City/State and					OF S	PH	
City/State and					ORIDA	2: 36	11000
E-mail address: (to be used for for	iture annual report n	otification)	-				
For further information concern	ing this matter, p	lease call:					
Mechelle George Name of Person	at () e & Dayt	393-5357 ime Telephone N	lumber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	1 608.416(2) or 608.50	9, Florida Statutes, the un	dersigned,		
Mechello	e George	, hereby re	esigns as		
	ristered Agent	,,,	B		
Registered Agent for	Exc	ell Motors LLC	 		
N	lame of Limited Liability C	Сотрапу		•	ı
L10000002383					
Document Number, if know	ะท				
A copy of this resignation was maile	ed to the above listed li	mited liability company a	t its last known add	dress.	
The agency is terminated and the of	Bechelle (.	e 31st day after the date of	n which this statem		filed.
If signing on behalf of an entity:			CRETARY.OF AHASSEE.F	2011 APR 20	77
	Typed or Printed	Name	XOF S EE.FL		
-	Capacity		F STATE: FLORIDA	PM 12: 36	Company

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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