

L10000019586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

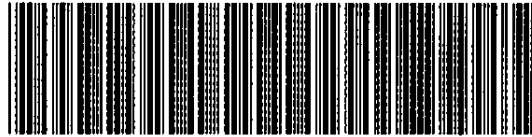
(Business Entity Name)

(Document Number)

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FILED  
10 MAY 28 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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6/4

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLAT RATE AUTO SHIPPING LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000019586

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:

TREVOR D SEFFREN  
Name of Person

FLAT RATE AUTO SHIPPING LLC  
Name of Firm/Company

5537 N MILITARY TRL #1905  
Address

BOCA RATON FL 33496  
City/State and Zip Code

tdgls07@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TREVOR D SEFFREN at ( 561 ) 281-9004  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

TREVOR D SEFFREN

Name of Registered Agent

, hereby resigns as

Registered Agent for FLAT RATE AUTO SHIPPING LLC

FLAT RATE AUTO SHIPPING LLC

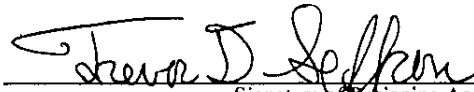
Name of Limited Liability Company

L10000019586

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.



Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

FILED  
10 MAY 28 AM 9:46  
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**