## 400000049054

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D. BRUCE

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**EXAMINER** 

MISAEL AUTO SALE LLC SUBJECT. Name of Limited Liability Company L10000049054 **DOCUMENT NUMBER:** The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted or filing. Please return all correspondence concerning this matter to the following: SARA L GARCIA Name of Person MISAEL AUTO SALE LLC Name of Firm/Company 1337 LONGOAK DR SOUTH Address LAKELAND, FL 33811 City/State and Zip Code SARALEIRYMOQUETE@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited iability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn imited liability company.

## **MAILING ADDRESS:**

SARA L GARCIA

Name of Person

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations O. Box 6327 allahassee, FL 32314

## STREET ADDRESS:

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

410-0031

Area Code & Daytime Telephone Number

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ursuant to the provisions	f section 608.416(2) or 608.509, F	lorida Statutes, the undersigned,	-
	ARA L GARCIA	, hereby resigns as	
N	ne of Registered Agent		
egistered Agent for	MISAEL A	UTO SALE LLC	
MIRAPH	Auto Salo	LLC	
	Name of Limited Liability Comp	lâny	
1.400000	0054		
L1000004 Document Numb	<del></del>		
copy of this resignation	as mailed to the above listed limit	ed liability company at its last known add	Iress.
he agency is terminated a	d the office discontinued on the 3	Ist day after the date on which this statem	ent is filed,
fsigning on behalf of an e	ntity:		
1	SARA L GARC	IA .	
,	Typed or Printed Nan	ne	
	REGISTERED AC	3ENT	
_	Capacity		The Contract of the
	\$ 25.00 Administrativ	I liability company ely dissolved/ voluntarily dissolved/ nited liability company	DEC 19 MIZ:

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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