# L10000081501

| (Re                                     | questor's Name)   | ·           |  |
|---|-------------------|-------------|--|
| (Ad                                     | dress)            | -           |  |
| (Ad                                     | dress)            |             |  |
| (Cit                                    | y/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |
| (Bu                                     | siness Entity Nar | ne)         |  |
| (Do                                     | cument Number)    | ·           |  |
| Certified Copies                        | _ Certificates    | s of Status |  |
| Special Instructions to Filing Officer: |                   |             |  |
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Office Use Only





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SECRETARY OF STATE
DIVISION OF CORPORATION

SEP 2 8 2012

T. HAMPTON

### **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: Pro Value Parts, UC Name of Limited Liability Company  |
| DOCUMENT NUMBER: 10000081501  |
| 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:   |
| Dan Valladao Name of Person   |
| General Audomotive Company  Name of Firm/Company  |
| 7803 Southland Blief. Ste 203   |
| Orlando, G. 32809<br>City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Day Valladgo at (407) 363 5633 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

12 SEP 27 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 18, 2012

DAN VALLADAO GENERAL AUTOMOTIVE COMPANY 7803 SOUTHLAND BLVD - STE 203 ORLANDO, FL 32809

SUBJECT: PROVALUE PARTS, LLC

Ref. Number: L10000081501

We have received your document for PROVALUE PARTS, LLC and your check(s) totaling \$385.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 412A00023439

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

| Pursuant to the provisions | s of section 608.416(2  | 2) or 608.509, Florida  | a Statutes, the undersigned,                       |    |
|----------------------------|-------------------------|-------------------------|--|----|
| Shau                       | m Power:                | Joseph                  | , hereby resigns as                                |    |
|                            | Name of Registered Agen | t                       |  |    |
| Registered Agent for       | Pro Value               | Parts, LL               | .C   |    |
|                            | Name of Limi            | ited Liability Company  | •  |    |
| L100000 81                 |                         |                         |  |    |
| Document Nun               | iber, if known          |                         |  |    |
| A copy of this resignation | was mailed to the ab    | pove listed limited lia | ability company at its last known address,         |    |
| The agency is terminated   | and the office discon   | tinued on the 31st day  | ay after the date on which this statement is filed | d. |
| If signing on behalf of an | entity:                 |                         | ,  |    |
| •                          | Ту                      | ped or Printed Name     |  |    |
| -                          |                         | Capacity                |  |    |

### FILING FEES:

\$ 85.00 Active limited liability company

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

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Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314