

L100000087949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

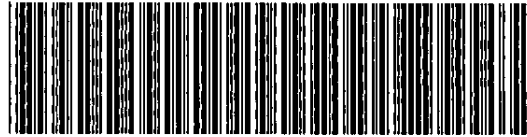
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FILED
2012 OCT -3 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 5 2012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRESTIGE AUTO PARTS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000087949

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:

JUAN SANTAELLA
Name of Person

PASAN INVESTMENT, INC
Name of Firm/Company

2310 W WATERS AV STE D
Address

TAMPA, FL 33604-2757
City/State and Zip Code

INFO@PASAN-SERVICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN SANTAELLA at (813) 849-2878
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

PASAN INVESTMENT, INC

Name of Registered Agent

, hereby resigns as

Registered Agent for PRESTIGE AUTO PARTS, LLC

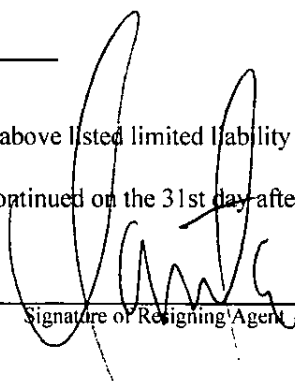
Name of Limited Liability Company

L10000087949

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:

JUAN SANTAELLA

Typed or Printed Name

REGISTERED AGENT

Capacity

FILED
2012 OCT -3 AM 9:00
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