

L11000044835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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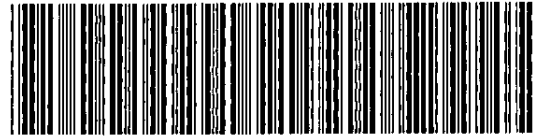
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C. LEWIS

APR 16 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTERNATIONAL AUTOMOBILE TRANSPORT, LLC
- Name of Limited Liability Company.

DOCUMENT NUMBER: L11000044835

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:

ALAN KOIFMAN
Name of Person

Name of Firm/Company

5645 CORAL RIDGE DR. 137
Address

CORAL SPRINGS, FL 33076
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN KOIFMAN
Name of Person

at (_____) _____
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

ALAN KOIFMAN, hereby resigns as
Name of Registered Agent

Registered Agent for INTERNATIONAL AUTOMOBILE TRANSPORT, LLC
Name of Limited Liability Company

L11000044835
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:

A. KOIFMAN
Typed or Printed Name

Capacity

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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