

L11000095431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

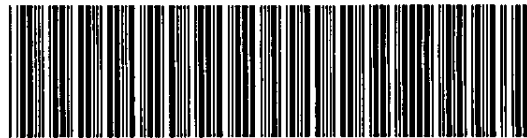
(Business Entity Name)

(Document Number)

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Resignation
to RA

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TALLAHASSEE, FLORIDA
MAR 28 2014

2014 MAR 28 AM 11:45

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uesday, March 25, 2014
2:28 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXTERIOR AUTO FINISH
Name of Limited Liability Company

DOCUMENT NUMBER: L11000095431

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:

KATHERINE SEEPERSAD
Name of Person

Name of Firm/Company

17921 SW 33rd St.
Address

MIRAMAR, FL 33029
City/State and Zip Code

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

For further information concerning this matter, please call:

Katherine Seepersad at 754, 234-8438
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

X ELSA CARTHY hereby resigns as
Name of Registered Agent

Registered Agent for EXTERIOR AUTO FINISH LLC
Name of Limited Liability Company

L11000095431
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

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

INHS17 (2/14)

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2014 MAR 28 AM 11:45
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE