

L11000105078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

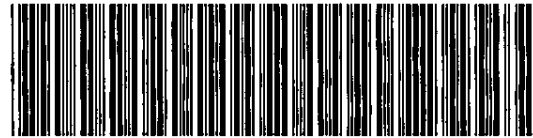
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

# JONESFOSTER

JOHNSTON & STUBBS, P.A.

**Dominique A. Payton**  
*Advanced Certified Paralegal*  
*Florida Registered Paralegal*  
561-650-0427  
Fax: 561-650-5300  
dpayton@jonesfooster.com

December 23, 2013

Florida Department of State  
Division of Corporations, Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: The Auto Toy Store, LLC  
Document No. L11000105075

Dear Madam/Sir:

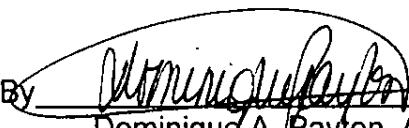
Please find enclosed the following documents to effect the resignation of Jones Foster Service, LLC as registered agent of the above-referenced Florida limited liability company:

1. Cover Letter;
2. Resignation of Registered Agent for a Limited Liability Company; and
3. Check in the amount of \$85.00 to cover the filing fee.

We have enclosed a self-addressed stamped envelope for your convenience.

Sincerely,

JONES, FOSTER, JOHNSTON & STUBBS, P.A.

By   
Dominique A. Payton, ACP, FRP

Enclosures

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE AUTO TOY STORE, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000105075

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:

David E. Bowers, Esq.

Name of Person

Jones Foster Johnston & Stubbs, P.A.

Name of Firm/Company

505 S. Flagler Drive, Suite 1100

Address

West Palm Beach, FL 33401

City/State and Zip Code

dpayton@jonesfoster.com

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

For further information concerning this matter, please call:

Dominique A. Payton at ( 561 ) 650-0427

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

## 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,

**JONES FOSTER SERVICE, LLC**

Name of Registered Agent

, hereby resigns as

Registered Agent for **THE AUTO TOY STORE, LLC**

Name of Limited Liability Company

**L11000105075**

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:

**David E. Bowers, Esq.**

Typed or Printed Name

**Manager**

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

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TALLAHASSEE, FL  
STATE DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS