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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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M. MILLIGAN JAN 22 2019



Stephen D. Milbrath. Esquire Direct: (407) 203-7023 SMilbrath@ByrdCampbell.com

January 16, 2019

VIA ELECTRONIC MAIL

Florida Division of Corporations Attn: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Voila Auto Group, LLC

Registered Agent Resignation

To Whom it may Concern:

On or about April 2018, I submitted a Resignation of Registered Agent for a Corporation regarding Voila Auto Group, LLC. It appears incorrect form was inadvertently submitted for my resignation as registered agent, a copy of which is hereby included. At that time the required payment for the resignation in the amount of \$87.50 was made, a copy of the cashed check is hereby included.

I have completed the corrected Statement of Resignation of a Registered Agent for a Limited Liability Company enclosed herein. I have been advised since the payment was already made, proof of cashed payment is included herein, they payment does not need to be resubmitted.

If any further information is needed or any additional information is required in order to process my resignation as the registered agent for Voila Auto Group, LLC, please contact my Paralegal, Mariela Levitan, at MLevitan@ByrdCampbell.com or call our office at (407) 392-2285.

Voila Auto Group, LLC

ATTN: Registration Section, Division of Corporations

January 16, 2019

Page 2 of 2

Sincerely.

Stephen D. Milbrath, Esquire

SDM:ml Enclosures

ce: Carl Shakarian



May 8, 2018

CARL SHAKARIAN 2295 S HIAWASSEE RD STE 410 ORLANDO, FL 32835

SUBJECT: VOILA AUTO GROUP, LLC

Ref. Number: L11000109254

We have received your document for VOILA AUTO GROUP, LLC and your check(s) totaling \$87.50. 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.

Letter Number: 318A00009511

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

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COVER LETTER

Division of Corporations	
SUBJECT: Voila Auto Group LLC	
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L11000109254	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Carl Shakarian	
Name of Person	_
Voila Auto Group LLC	
Name of Firm/Company	-
2295 S. Hiawassee Road, Suite 410	2019 J.:
Address	- :
Orlando, Florida 32835	; ;;;
City/State and Zip Code	- -
carlshakarian@hotmail.com	F: 17:
E-mail address: (to be used for future annual report notification)	F 1
For further information concerning this matter, please call:	
Carl Shakarian 407	420-4646
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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the	e undersigned,	
Stephen D. Milbra	th	, hereby resigns as	
	Name of Registered Agent	, v.v.vee, v.esigus as	
Registered Agent for _	Voila Auto Group, LLC		-
	Name of Limited Liability Company		_,
L11000109254			
Document l	Number, if known		
A copy of this resignal	tion was mailed to the above listed limited lia	ability company at its last known address.	
The agency is termina	ted and the office discontinued on the 31st da	ay after the date on which this statement	
			.
	Signature of Resigning	Agent 555 P))
If signing on behalf of	an entity:	်မြင် ကျား -	o M
	Stephen D. Milbrath	₩ M 10 1 10 2 1	
	Typed or Printed Name	žė i	$\bar{\omega}$
	P.A.		
	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