

LI 000029 530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

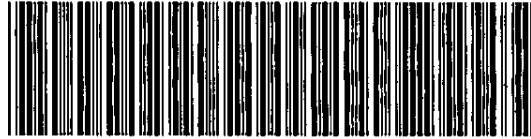
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500285792465

05/16/16--01043--014 \*\*85.00

16 MAY 16 AM 7:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 20 2016

J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AN. CAR. FLORIDA, LLC.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000129530

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:

CARLO MASSARO  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

1893 CATO CT, B-3  
Address

INDIALANTEC, FL 32903  
City/State and Zip Code

CMASSARO1961@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLO MASSARO at ( 321 ) 525-9443  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

WF ACCOUNTING, INC

Name of Registered Agent

, hereby resigns as

Registered Agent for

AN. CAR. FLORIDA, LLC

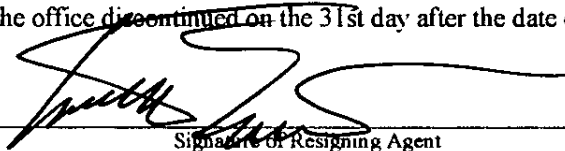
Name of Limited Liability Company

L11000129530

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:

WILLIAM FRANCO

Typed or Printed Name

PRESIDENT

Capacity

## FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

16 MAY 16 AM 7:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314