

L11000143765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

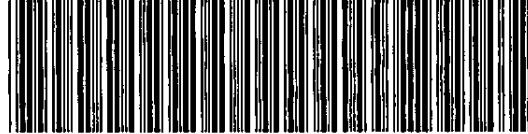
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 18 P 12:00

FILED

MAR 21 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAA CUSTOM CHROME, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000143765

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:

Name of Person

AAA CUSTOM CHROME, LLC

Name of Firm/Company

6064 CAUSEWAY BLVD

Address

TAMPA, FL 33619

City/State and Zip Code

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

For further information concerning this matter, please call:

TONYA ELLIS

at (813) 856-7330

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2016 MAR 18 P 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

TONYA ELLIS

, hereby resigns as

Name of Registered Agent

Registered Agent for AAA CUSTOM CHROME, LLC

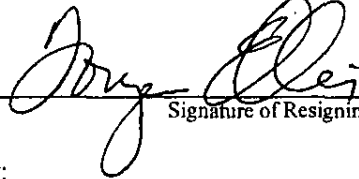
Name of Limited Liability Company

L11000143765

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 18 P 12:00

FILED

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