

L12000054834

(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:

Per se

Office Use Only



300245804143

03/21/13 -01020- 001 **85.00

FILED
2013 MAR 21 AM 8:40
CLERK OF STATE
TALLAHASSEE, FL 32399

J. SAULSBERRY
EXAMINER
MAR 25 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **FOXCAR AUTO CENTER LLC**

Name of Limited Liability Company

DOCUMENT NUMBER: **L12000054834**

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:

DIOGO ESTEVES

Name of Person

Name of Firm/Company

1757 FAWN CREEK COVE

Address

ORLANDO FL, 32824

City/State and Zip Code

desteves17@gmail.com

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

For further information concerning this matter, please call:

Diogo Esteves

Name of Person

at (**407**) **704-0785**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2013 MAR 21 AM 8:20
TALLAHASSEE, FL
DEPT. OF STATE

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,

DIOGO ESTEVES

, hereby resigns as

Name of Registered Agent

Registered Agent for **FOXCAR AUTO CENTER LLC**

Name of Limited Liability Company

L12000054834

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:

DIOGO ESTEVES

Typed or Printed Name

REGISTERED AGENT

Capacity

FILED
2013 MAR 21 AM 8:40
STATE
TALLAHASSEE, FLORIDA

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